4.BÖLÜM

MELANOSİTİK LEZYONLARA MOLEKÜLER BAKIŞ

Pınar ERGEN[3]

GİRİŞ

Melanositler en çok deride bulunmakta ve cilt pigmentasyonunda ve güneşten korumada kritik rol oynamaktadır. İç organlarda da fonksiyonu tam olarak anlaşılamamakla birlikte melanositler mevcuttur ve melanositik tümörlere öncülük ederler.(1) Etyolojisinde erken çocukluk çağında izlenen ultraviyole (UV) radyasyon maruziyeti önemli yer tutmaktadır. Ancak hiç UV radyasyona maruz kalmayan lokalizasyonlarda da melanom gelişebilmektedir. Melanom erken evrede tespit edildiğinde basit rezeksiyon ile kolayca tedavi edilebilir ve tipik olarak iyi prognoz ile ilişkilidir.(2) Ancak metastatik tümör, geleneksel kemoterapi ve radyoterapiye son derece dirençlidir.(3)

Melanomların üç major kategorisi başlangıçta radial büyüme fazının (RBF) varlığına ya da yokluğuna göre kategorilendirilmiştir.(4) RBF mevcut ise yüzeyel yayılan malign melanom (Pagetoid melanom) (YYM), lentigo malign melanom (LMM) iken, nodüler melanom (NM) sadece vertikal büyüme fazına (VBF) sahiptir.(5) Bastian ve ark. UV radyasyon, orjin aldığı hücre (ya da doku) ve karakteristik tekrarlayan genomik değişikliklerin rolüne dayanarak melanositik lezyonlar için yeni bir sınıflandırma önermiştir.(6)

UV radyasyon maruziyeti olan melanomlar aralıklı (düşük) kümülatif güneş hasarı (KGH) ve kronik (yüksek) KGH olarak iki gruba ayrılmıştır. Düşük KGH grubundaki melanom tipleri: YYM ve NM'nin bazı alt tipleridir. Yüksek KGH melanom grubundakiler ise LMM ve NM'nin birkaç alt tipidir.(5)

Mevcut moleküler yönelimli sınıflandırma şeması, histolojik kriterlerin ve tedavi yaklaşımlarının iyileştirilmesine yönelik ilk adımı oluşturabilir.(6) (Şekil 1 ve 2)

Melanomagenez birçok moleküler yolak ile gerçekleşebilmektedir. Bu genetik değişikliklere neden olan mutasyon mekanizmalarındaki çeşitlilik melanom tipine bağlıdır.

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