Bölüm
16

JİNEKOLOJİK SARKOMLAR

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GİRİŞ

Sarkomlar, yumuşak doku ve kemikte ortaya çıkan nadir malignitelerdir. Tüm yaş gruplarını etkilerler ve vücudun herhangi bir yerinde ortaya çıkabilirler. Sarkomlar, tüm erişkin malignitelerin %1'inden azını ve pediatrik kanserlerin %12'sini oluşturan mezenşimal orijinli heterojen malign tümör grubudur (1-3). Yeni sarkom vakalarının yaklaşık %80'i yumuşak dokudan, kalanlar kemikten kaynaklanır (3). Yumuşak doku sarkomları (YDS), yağ, kas ve bağ dokusu gibi mezoderm kaynaklı dokuların malign tümörleridir. Tüm YDS'lerin % 25-30'unu oluşturan karın ve pelvis sarkomlarının %15'i retroperitoneal, %10-15'i intraabdominal ve <%5 ise abdominal duvar kaynaklıdır (2). YDS'lerin yaklaşık %13'ü jinekolojik organlarda ortaya çıkar (4) ve tüm jinekolojik kanserlerin % 3-4'ü YDS'dir (5,6). Pelvik sarkomlar doğrudan kadın üreme organlarında veya diğer pelvik dokularda ortaya çıkabilir ve üreme organlarını sekonder olarak tutabilir. Kadın üreme organlarında ortaya çıkan sarkomlar jinekolojik sarkomlar olarak adlandırılır (7). En sık görülen jinekolojik sarkomlar uterusta ortaya çıkar ve histolojik alt tipler olan leiomyosarkom (LMS) ve endometrial stromal sarkomu (ESS) içerir (8). Çok nadir olarak over, serviks, vajen ve vulva sarkomlarına da rastlanmaktadır.

Uterin sarkom tüm uterus malign neoplazmlarının %3-9'unu oluşturur (9). Uterin sarkomlar, myometriumdaki hücre popülasyonlarının veya endometrium içindeki bağ doku elemanlarının bölünmesinden kaynaklanır. En yaygın endo-

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komları için mevcut önerilerin uyarlanması da makuldür. Servikal sarkom cerrahisi ile ilgili özel öneriler eksiktir. Cerrahi yaklaşım hakkındaki mevcut veriler radikal histerektomiden, trakelektomi veya geniş lokal eksizyon şeklinde fertilite koruyucu cerrahiye kadar değişmektedir, ancak önerilen cerrahi yaklaşım hakkında kesin sonuçlar çıkarılamamaktadır. Vulvar sarkomlar için, en az 2 cm serbest marjlı tam cerrahi eksizyonun iyi prognozla ilişkili primer tedavi olduğu düşünülmektedir.

Uterus sarkomlarının agresif gidişi ve kötü prognozu nedeniyle adjuvan tedavilerin gerekli olduğu düşünülmüştür. Erken evre uterus sarkomlarında, uzak metastaz görülme sıklığı ve kötü prognoz nedeniyle adjuvan kemoterapinin kullanıldığı birçok çalışma yapılmıştır. Birbiriyle çelişen bazı çalışmalar olmakla birlikte KT uygulamalarından çok iyi sonuçlar alınamadığı görülmektedir. Bir çok çalışmada postoperatif radyoterapinin lokal kontrolü arttırdığı, nüks için geçen süreyi uzattığı ancak sağkalımı değiştirmediği bildirilmiştir.

Bu hastalar için adjuvan tedavi ve diğer yeni tedavilerin rolü daha fazla araştırılmalı, tüm sarkom alt tipleri için metastatik hastalığı olan hastalara tedavisi konusunda rehberlik desteği sunulmalı ve bu hasta popülasyonu için yaşam kalitesi, hayatta kalma ve doğurganlık/cinsel sağlık desteği mevcut olmalıdır.

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