

# BÖLÜM 3

## Solid Tümörlerde Kemik Metastazlarının Yönetimi

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### GİRİŞ

Kemik metastazları, malignitesi olan hastalarda sık rastlanılan bir sorundur. İleri evre yaygın kanseri olan hastaların 2/3'ünde sıklıkla rastlanmaktadır. Primer kemik lezyonlarına göre, metastatik lezyonlar daha sık görülmekte olup, tüm lezyonların %70-80'ini oluşturmaktadır. Kemikler, akciğer ve karaciğerden sonra en sık metastaza uğrayan 3.organdır (1). Kemik metastazları, akciğer, prostat ve meme kanserinde olduğu gibi birçok solid organ malignitelerinin uzak relapsları olarak karşımıza çıkabilmektedir. Çoğu solid organ malignitelerin tanı anında %30-40 'ında kemik metastazları tespit edilmektedir (2). Gelişen güncel kanser tedavileri ile hastaların sağkalımları uzamakta, bu da kemik metastaz riskini arttırmaktadır. Kemik metastazlarına bağlı gelişen ağrı, hiperkalsemi, spinal kord basısı ve patolojik fraktür gibi iskelet ilişkili olaylar (SRE) gelişebilmekte, bunlar ise önemli morbidite ve mortalite sebebi olmaktadır (3).

### EPİDEMİYOLOJİ

Kemikler, ileri evre kanser hastalarının en sık uzak metastaz alanlarından biridir. Meme ve prostat kanserli olgularda yapılan postmortem çalışmalarda %70-90 oranında kemik metastazı saptanmıştır (4,5). Kemik metastazlarının insidansı primer lezyona göre değişmektedir. Tüm kemik metastazları değerlendirildiğinde bunların %80'ini meme, akciğer, prostat, tiroid ve böbrek hücreli tümör oluşturmaktadır. Prostat ve meme kanserinde kemik metastazları %50-70 oranında saptanırken, akciğer, malign melanom ve böbrek hücreli kanserde yaygın evre-

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maktadır. Radyofrekans ablasyon, kriyoablasyon ve fokus ultrason kemik metastazlarında kullanılan lokal ablatif yöntemlerdendir.

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