

## Bölüm 53

# MEİGS' SENDROMU'NA YAKLAŞIM

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### GİRİŞ

Pelvik kitle, plevral efüzyon ve asit postmenopozal bir kadında genellikle kötü prognoz anlamına gelir. Ancak, doğru tanı ve tedavi için histopatolojik inceleme gereklidir, çünkü bu klinik her zaman over malignitesinin göstergesi değildir. Bu klinik bulgularla birlikte olan hastalar, Meigs' Sendromu olarak bilinen, pelvik tümörün çıkarılmasından sonra asit ve plevral efüzyon bulgularının gerilediği, benign bir hastalığa sahip olabilirler.

1937'de Meigs ve Cass over fibromalarına, asit ve hidrotoraksın eşlik ettiği, fibromanın çıkarılmasıyla asit ve hidrotoraksın gerilediği 7 vakalık bir seri raporladılar (1). Ardından 1954 yılında ise Meigs, over fibromalarına asit ve plevral efüzyonun eşlik ettiği bu klinik durumun, histopatolojik inceleme sonucu fibromadan farklı over tümörleriyle de (tekoma, fibrotekoma, granüloza hücreli tümörler, Brenner tümörü) birlikte olabildiğini gördükten sonra bu sendromun sınırlarının belirlenmesi gerektiğini vurgulayarak Meigs' Sendromu'nu "Fibroma ya da fibroma-benzeri benign bir over tümörüne (Fibröz, sert, katı ve benign olan, Brenner, tekoma, fibrotekoma ve granüloza hücreli tümörlerin de bu gruba dahil olması gerektiğini vurguladı.) eşlik eden asit ve plevral efüzyon varlığı ile karakterize, overdeki tümörün çıkarılmasıyla asit ve hidrotoraksın gerilediği bir antite" olarak tanımladı (2).

1940 ve 2013 yılları arasında Meigs' sendromu ile ilgili yayınlanan makalelerin incelendiği bir derlemede terminolojideki tutarsızlık dikkat çekti ve histopatolojik sonuçlarla birlikte yeniden değerlendirilerek terminoloji modifiye edildi (3).

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hidrotoraks ve Meigs' sendromu ile anlamlı şekilde korele olduğunu gösterdi. Çok değişkenli analiz ise tümör çapının  $\geq 10$  cm olması ile asitin birbirinden bağımsız faktörler olduğunu gösterdi (79).

### Tedavi ve Prognoz

Meigs' sendromunda tedavi, asit ve hidrotoraksın temel nedeni olan over tümörünün rezeksiyonudur. Maligniteyi taklit eden bir tablo olması nedeniyle kitlenin benign karakterini doğrulamak için intraoperatif frozen incelemeye genellikle başvurulur (39, 80). Fertilitenin korunması gereken durumlarda kitlenin eksizyonu ya da kitle eksizyonu ile birlikte kısmi ooforektomi yeterli bir tedavi şeklidir (29, 39, 73). Üreme çağındaki kadınlarda tek taraflı salpingooforektomi tercih edilen tedavidir. Postmenopozal kadınlarda ise total abdominal histerektomi ile bilateral salpingooforektomi uygulanır. Hastanın yaşı, fertilitite beklentisi, menopozal durumuna göre operasyon şekli bireyselleştirilmelidir (28, 80).

Asit ve hidrotoraks tipik olarak tümör rezeksiyonundan sonra 1-2 hafta içerisinde düzelir. Benzer şekilde CA-125 yüksekliği olan hastalarda da yaklaşık bir ay sonrasında CA-125 seviyeleri normal düzeylere iner. Hastaların yaşam beklentisi tümörün cerrahi olarak çıkarılmasından sonra genel popülasyonla aynıdır (28, 39, 81).

### Sonuç

Meigs' Sendromu prevalansı düşük olmasına rağmen, klinik önemi büyük bir hastalıktır. Özellikle posmenopozal bir hastada pelvik kitle, plevral efüzyonla birlikte artmış serum CA-125 seviyeleri çoğu zaman over malignitesini düşündürse de iyi prognozlu benign bir hastalık olan Meigs' sendromu da akılda tutulmalıdır. Aksi takdirde hastalar ileri evre epitelyal over kanseri tanısıyla gereksiz kemoterapi ile tedavi edilebilir (68). Laparotomi ve histopatolojik değerlendirme over tümörünün doğru tanı ve tedavisi için gereklidir ve maligniteyi taklit etse de Meigs' sendromu iyi prognozlu bir hastalıktır. Hastaların yaşam beklentisi tümörün cerrahi olarak çıkarılmasından sonra genel popülasyonla aynıdır.

**Anahtar kelimeler :** Meigs' sendromu, over fibroması, asit, plevral efüzyon.

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