

Bölüm 11

GESTASYONEL TROFOBLASTİK HASTALIKLAR

Elif Cansu GÜNDÖĞDU¹

GİRİŞ

Gestasyonel trofoblastik hastalıklar (GTH), plasentada yer alan trofoblastların anormal proliferasyonu sonucu oluşan bir grup hastalıktır. Gestasyonel trofoblastik neoplaziler (GTN) sıklıkla mol hidatiformdan sonra gelişirler, fakat normal gebelik, abortus ve ektopik gebelik sonrasında da oluşabilirler.

Gestasyonel trofoblastik hastalıklar histolojik olarak sınıflandırılabilir, benign ve malign özellikte olabilirler (Tablo 1). Benign grup mol hidatiformdan (komplet ve parsiyel) oluşur. Malign grup gestasyonel trofoblastik neoplazi başlığı altında incelenen invaziv mol, koryokarsinoma, plasental site trofoblastik tümör (PSTT) ve onun bir varyantı olan epiteloid trofoblastik tümörden (ETT) oluşmaktadır. Lokal invazyon ve uzak metastaz yapma potansiyelleri mevcuttur.

Tablo 1. GTH'nın Histolojik Sınıflaması

GTH'nın Histolojik Sınıflaması

Mol hidatiform

Komplet
Parsiyl

İnvaziv mol

Trofoblastik tümörler

Koryokarsinom
Plasental yerleşimli trofoblastik tümör
Epiteloid trofoblastik tümör

GTH'ların görülmeye sıklığını değerlendirmek yetersiz kayıt sisteminden dolayı oldukça güçtür. Kuzey Amerika ve Avrupa'da görülmeye sıklığı her 1000 doğumda 1-2 oranındadır (Drake & ark., 2006). Türkiye'de de benzer bir oran saptanmıştır (Özalp & ark., 2003).

¹ Dr., Sağlık Bilimleri Üniversitesi Dr. Lütfi Kırdar Eğitim ve Araştırma Hastanesi, e-jansu@hotmail.com

Fantom beta-hCG böbrekten atılmadığı için idrarda gebelik testi sonucu negatif çıkacaktır. İkinci bir yöntem ise serumun dilüe edilmesidir. Dilüsyon sonrası fantom beta-hCG sonuçları değişmeden kalırken gerçek beta-hCG düzeylerinde azalma olacaktır (Soper, Mutch & Schink, 2004).

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