Bölüm 2

RENAL HÜCRELİ KARSİNOMDA BT VE MR GÖRÜNTÜLEME

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GİRİŞ

Renal Hücreli Karsinom (RHK) tüm yetişkin kanserlerinin yaklaşık %3'sini oluşturur (1,2). Yetişkinlerde görülen solid renal tümörlerin ise %90' ı RHK' dır (3). Günümüzde kesitsel görüntülemenin yaygın kullanımı ile birlikte RHK insidansı artmıştır. RHK' ların önemli bir kısmı başka nedenlerle yapılan görüntülemelerde insidental olarak saptanır (4). RHK ilk saptandığında küçük bir kitle şeklinde olabileceği gibi lokal invazyon ya da metastaz yapmış büyük bir kitle olarak da kendini gösterebilir. RHK'nın; prognozu, tedaviye cevabı ve görüntüleme bulguları değişkenlik gösteren subtipleri vardır. Ana subtipleri; şeffaf hücreli, papiller ve kromofob hücreli RHK olarak sayılabilir. RHK' da radyolojik görüntüleme; kitleyi saptama, evreleme ve buna göre nefron koruyucu cerrahi ya da radikal nefrektomi açısından rehberlik etmek açısından önemlidir. RHK'nın subtiplerinin ayrımında temel görüntüleme bulgularını değerlendirerek subtip ayrımını yapmak mümkün olabilmektedir. Bu bölümde, RHK ve bu ana subtiplerinin temel BT ve MR görüntüleme özellikleri üzerinde durulacaktır.

ŞEFFAF HÜCRELİ RHK

Şeffaf hücreli RHK, RHK' nın %70-%80 ile büyük çoğunluğunu oluşturan RHK tipidir (5). Makroskopik olarak, şeffaf hücreli RHK iyi sınırlı, kapsülü genellikle olmayan bir tümördür. Fuhrman gradeleme sistemi genellikle kullanılır, bu sistem çekirdek boyutu ve özelliklerine dayanır (6,7).

Tüm RHK tipleri değerlendirildiğinde tümör evresi ve Fuhrmann derecesi arttıkça prognoz kötüleşir (8). Kromozom 3p kaybı ve kromozom 3p25' teki

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görüntüsü izlenebilir ve tekerlek şeklinde kontrastlanma görülebilir (46), ancak onkositomlar da benzer özelliklere sahip olabileceğinden bunlar spesifik özellikler değildir.

Kromofob hücreli RHK' da da mikroskobik yağ bulunabilir ve buna bağlı olarak faz içi görüntülerle karşılaştırıldığında karşıt faz T1AG' de sinyal kaybı görülebilir.

Genelde homojen ve iyi sınırlı bir kitle şeklinde kendini gösterir ve boyutları büyük olsa bile böbrek çevresine yayılım ve vasküler tutulum nadirdir (12,17,25,36,51).

Kalsifikasyonlar; kromofob RHK' larda da papiller RHK' larda olduğu gibi şeffaf hücreli RHK' lara göre daha sık görülür (51).

Multifazik BT' de kromofob RHK, diğer RHK subtiplerine göre ara derecede vaskülarite göstermektedir (25,26) .

BT perfüzyon incelemede, kromofob RHK' ların ortalama kan akımı şeffaf hücreli RHK' lara göre düşük bulunmuştur (52).

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