Bölüm 13

ENDOMETRİUM KANSERİNE GÜNCEL CERRAHİ YAKLAŞIM

Yasin DURMUŞ[1]

GENEL BİLGİLER VE EPİDEMİYOLOJİ

Endometrium kanseri gelişmiş ülkelerde en sık izlenen jinekolojik kanserdir ve tüm malignitelerin %6 'sını oluşturur. Gelişmekte olan ülkelerde ise serviks kanserinden sonra 2. en sık jinekolojik kanserdir(1, 2). Endometrium kanseri tanı anında genelde uterusa sınırlıdır ve hastaların %73'ü evre 1, %10'u evre 2 'dir(3).

PATOLOJİ

Endometrial kanser iki major subgruba sınıflandırılır. Tip 1 Endometrial Kanser; etiyopatogenezi hormonal uyarım ile ilişkilidir, nispeten daha genç hastalarda görülür ve daha iyi prognozludur. Tip 2 Endometrial Kanser; hormonal uyarıdan bağımsız gelişir, daha yaşlı hastalarda görülür ve nispeten daha kötü prognozludur. Tablo 1 'de Tip1 ve Tip 2 endometrial kanserlerin genel özellikleri, Tablo 2'de de yeni WHO 2014 sınıflamasına göre endometrial kanser histopatolojik alttipleri verilmiştir(4).

EVRELEME CERRAHİSİ

Endometrium kanserinin primer tedavisi cerrahidir ve 1988 yılından itibaren FIGO (International Federation of Gynecology and Obstetrics) endometrium kanseri için cerrahi evreleme önermektedir. Endometrial biopsi ile endometrium kanseri tanısını takiben klinisyen hastanın cerrahi risklerini değerlendirmeli, olası metastatik hastalık açısından gerekli görüntüleme çalışmalarını yapmalı ve en uygun cerrahi yaklaşımı belirlemelidir. Endometrium kanseri tanısı ile gelen hastaların önemli kısmı yaşlı ve medikal problemleri (obesite, hipertansiyon, pulmoner ve kardiyak hastalıklar) olan hastalardır. Marziale ve arkadaşları serilerinde hastaların ancak % 87'sinin opere edilebilir olduklarını bildirmişlerdir(5). Daha öncesinde klinik evreleme yapılan endometrium kanserinin cerrahi evrelemesi ilk olarak FIGO tarafından 1988 yılında düzenlenmiş ve 2009 yılında bu evreleme revize edilmiştir(Tablo 3 ve 4)(6).

[1] Op.Dr. Yasin DURMUŞ , Etlik Zübeyde Hanım Kadın Hastalıkları Eğitim Ve Araştırma Hastanesi dr_yasindurmus@hotmail.com

lamasının bir üstünlüğü, beraberinde yapılabilen ultrastaging metodu ile düşük hacimli lenf nodu metastazlarını saptayabilmesidir(48). Ancak bu düşük volümlü metastazların klinik önemi bilinmemektedir. Sonuç olarak endometrial kanser için sentinel lenf nodu uygulaması şu an deneysel aşamada görülmektedir(7).

METASTATİK (İLERİ EVRE) VE REKÜRREN ENDOMETRİAL KANSER HASTALARINDA CERRAHİ

14 çalışmayı ve 672 advanced ya da rekürren hastayı kapsayan bir metaanalizde rezidüel hastalık bırakmadan yapılan sitoredüktif cerrahi oranında %10 artış sağkalımı 9.3 ay arttırdığı gösterilmiştir(49). Bu kapsamda advanced ya da rekürren hastalar için cerrahi ancak rezidüel hastalık bırakmadan yapılacak bir sitoredüktif cerrahi mümkün olduğunda önerilmektedir. Spesifik semptomları (kanama,barsak obstruksiyonu gibi) hafifletmek adına seçilmiş hastalarda palyatif cerrahi düşünülebilir. Ekzenterasyon lokal advanced tümörlerde ve radyoterapi sonrası izole santral lokal nükslerde ancak negatif cerrahi sınırlar umulduğunda düşünülebilecek bir seçenektir(7).

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