Bölüm 13

TİMOMA VE TİMİK KARSİNOMLAR

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Timustan kaynaklanan timik epitelyal tümörler, timoma ve timik karsinomların içinde bulunduğu heterojen bir hastalık grubudur. Timomalar genel populasyonda az görülse de, anterior mediasten tümörlerinin en sık görülen neoplazmlarıdır. Timik karsinomlar, timomalara göre daha az sıklıkla görülmesine karşılık, 5 yıllık sağ kalımları daha kötüdür(1). Lenfoepitelyal doku olan timusun tümörlerinde Shields'in sınıflaması kullanılmaktadır(2). Tablo-1'de timik tümörlerin sınıflaması gösterilmiştir.

Tablo 1
Epitelyal Hücreli Tümörler
Timoma
Tip A (İğsi hücreli, medüller)
Tip AB (Mikst)
Tip B1 (Kortikal hakim, lenfositten zengin organoid)
Tip B2 (Kortikal)
Tip B3 (Epitelyal)
Nöroendokrin Hücreli Tümörler
Timik karsinoid, iyi direransiye
Atipik timik karsinoid orta diferansiye
Küçük hücreli karsinom, kötü diferansiye
Diğer Tipler
Lenfoid stroma ile birlikte mikronodüler timoma
Metaplastik timoma
Mikroskopik timoma
Sklerozan timoma
Adipöz Doku Tümörleri
Timolipoma
Timoliposarkoma
Kombine timoma ve timik karsinom
Timik karsinom
Çeşitli Özellikteki Tümörler
Timik hemanjiom
Nöroblastoma ve ganglionöroblastoma
Primer malign melanoma
Miyoid tümörler
Lenfoid tümörler

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alınmıştır. Sisplatin/doksorubisin/vinkristin/siklofosfamid rejimi de etkili olmakla birlikte daha toksik seyretmektedir(25).

TAKIP

Timik karsinomlar ve timomalarda primer tedaviden sonra 2 yıl süreyle 6 ayda bir, sonrasında yılda bir 10 yıl boyunca toraks bilgisayarlı tomografisi takibi önerilmektedir(26).

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