Bölüm 16

TİROİD MEDÜLLER KANSERİ

Kadir ESER

GİRİŞ

Medüller tiroid kanseri (MTC), tiroid bezinin parafoliküler C hücrelerinin nöroendokrin tümörüdür. MTC, tiroid kanserlerinin yaklaşık yüzde 1-2'sini oluşturmaktadır [1]. Kalsitonin üretimi bu tümörün karakteristik bir özelliğidir. C hücreleri embriyonik nöral krestten kaynaklanır, bu nedenle medüller karsinomlar sıklıkla karsinoid ve adacık hücresi tümörleri gibi diğer nöroendokrin tümörlerin klinik ve histolojik özelliklerine sahiptir.

Medüller tiroid karsinomlarının çoğu sporadiktir. Bununla birlikte, yaklaşık yüzde 25'i multipl endokrin neoplazi tip 2 (MEN2) sendromunun bir parçası olarak aileseldir.

Klinik: Sporadik MTK Sporadik medüller tiroid kanseri (MTK) tüm hastalık vakalarının yaklaşık yüzde 75'ini oluşturur (Tablo 1). Tipik görülme yaşı yaşamın dördüncü ve altıncı dekattadır [1]

Tablo 1. MTK'nin Sınıflandırılması	
Kalıtsal MTK (germline RET mutasyonu mevcut)	%25
Sporadik MTK (tanımlanmış germline RET mutasyonu yok)	%75
Sporadik MTK (tanımlanmış germline RET mutasyonu yok)	
• Somatik RET mutasyonu bulunamadı	%35
• Somatik RET mutasyonları bulundu	%65
- Ekon 16, kodon 918	%60
- Ekson 11, kodon 630, 634	%21
- Ekson 10, kodon 609, 620	%9
- Ekson 15, kodon 891	%9

Belirtiler ve bulgular

Sporadik MTC'nin en sık görülen bulgusu, hastaların yüzde 75-95'inde meydana gelen soliter tiroid nodülüdür [2-5]. C hücreleri baskın olarak her tiroid lobunun üst kısmında bulunur, bu nedenle çoğu tümör bu bölgede tespit

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