

# BÖLÜM 8

## ORAL KAVİTE DIŐI BAŐ-BOYUN TÜMÖRLERİNDE SENTİNEL LENF NODU GÖRÜNTÜLEMESİ

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### GİRİŐ

Baő ve boyun tümörleri, oral kavite, orofarenks, larenks, paranasal sinus-nazal kavite ve tükrük bezleri kaynaklıdır. Çoğunluđu skuamöz hücre kökenli kanserlerdir (1,2). Etyolojisinde başlıca risk faktörleri olarak sigara ve alkol kullanımı yer almaktadır (2). Bunların dışında risk faktörleri arasında viral enfeksiyonlar (Ebstein-Barr virus, human papilloma virus), gastroözefagial reflü, iyonize radyasyon maruziyeti, sađlıksız beslenme ve düşük vücut kitle endeksi sayılabilir (3,4).

Baő ve boyun tümörleri, tanı sırasında çoğunlukla evre 1-2 hastalık olup, bu hastalar tek tedavi modalite (cerrahi veya radyoterapi) seçeneđi ile tedavi edilebilmektedir. Lokal lenf nodu metastazı tespiti evreleme, tedavi ve prognoz açısından oldukça önemlidir. Tek bir lenf nodu metastazı hastalık evresini evre 1'den evre 3-4 ileri hastalık evresine deđiştirebilir (Tablo 1). Servikal lenf nodu metastazı varlıđı hastalıđa spesifik sađkalımı %50'ye varan oranda azaltabilir (5). Lenf nodu metastazı varlıđı ve yaygınlıđı cerrahi ve radyoterapi yaklaşımını deđiştirebilir. Metastatik lenf nodunun erken tespiti ve tamamen bertaraf edilmesi bu hastalarda kür sađlanabilmesi için ön koőuldur.

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