

BÖLÜM 12

MEME KANSERİNDE SENTİNEL LENF NODU İNCELEMELERİ

Aylin AKBULUT¹

GİRİŞ

Meme kanseri halen tüm dünyada kanserden ölüm nedenleri arasında ilk sıralarda yer almakta olup, erken teşhis ve tedaviden yarar görmektedir. Kadınlarda en sık görülen solid kanser meme kanseridir ve aksiller lenf nodlarının durumu en önemli prognostik faktörlerden biridir. Mamografi taramalarının yaygınlaşması ve erken teşhisin öneminin daha iyi anlaşılmasıyla erken evre meme kanserli hastaların oranı da artmaktadır. Klinik olarak aksiller lenf nodu metastazı olmayan erken evre hastalarda sentinel lenf nodu (SLN) biyopsisi rutin bir uygulamadır.

SLN tümör barındıran bir yerden ilk lenfatik drenaj alan lenf noduna ve lenf nodlarına denir. Meme kanserinin önce bölgesel lenf bezlerine ilerleyebilmesi ve bunun tedaviye ve sağ kalıma olan etkisi ile ilgili olarak uzun yıllardır çalışılmaktadır. Lenf nodu tutulumunun varlığı tümör evreleme ve tedavi yönetiminin ayrılmaz bir parçası olduğundan sıklıkla patolojik değerlendirme için lenf nodu örnekleme yapılmaktadır. Lenf nodu metastazı primer hastalığın klinik teşhisinden daha önce bölgesel lenf bezlerine mikrometastazlar şeklinde olabilmektedir. Meme tümörünün herhangi bir lenf noduna metastazı tespit edildiğinde, 5 yıllık sağ kalımda yaklaşık %40 oranında bir azalma olduğu için genellikle kemoterapi uygulanır (1). Ancak olası metastazların belirlenmesi için aksillanın klinik ve radyolojik değerlendirilmesinde %39 oranında yanlış po-

¹ Doç. Dr., Nükleer Tıp, Ankara Eğitim ve Araştırma Hastanesi, dr_aakbulut@yahoo.com

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