BÖLÜM
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TİROİD KANSERİNDE BOYUN DİSEKSİYONU

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En sık görülen endokrin malignitesi tiroid kanseridir. Tiroid kanseri sınıflamasında bir karmaşa olmasına rağmen ana hatlarıyla diferansiye tiroid kanseri, medüller tiroid kanseri ve anaplastik tiroid kanseri olmak üzere üç ana grupta incelenir. Son 3 dekadda tanı ve izleme yöntemlerindeki gelişmeler nedeniyle özellikle iyi diferansiye tiroid kanserleri başta olmak üzere tiroid kanseri insidansında artış olduğu belirlenmiştir(1,2). İyi diferansiye tiroid kanseleri papiller ve folliküler olmak üzere ikiye ayrılır. Papiller tiroid kanserleri bu grubun %95 ini oluşturmaktadır. Papiller tiroid kanserlerinde %80'e varan oranlarda mikroskobik lenf nodu metastazı saptanabilmektedir.

Tiroid kanserinde lenf nodu diseksiyonunun sağ kalım ve nüks üzerine olumlu etki sağlaması için sadece metastatik lenf nodlarının çıkarılmasının (berry picking) yeterli olup olmadığı hala tartışmalıdır. Lenf nodu diseksiyonunun doğru yapılabilmesi ve diseksiyon genişliğinin belirlenebilmesi için tiroid bezinin lenfatik anatomisinin iyi bilinmesi gerekmektedir.

TARİHÇE

Tiroid kanserinin lenf nodlarına metastaz yaptığı 19.yüzyılın başlarından beri bilimekteydi. Fakat cerrahlar küratif bir diseksiyonun yapılamayacağını düşünmekteydi(4).Boyun lenf nodlarının radikal diseksiyonunu ilk olarak Polonyalı cerrah Jawdynski 1888 yılında bir Polonya tıp dergisinde yayınlamıştı(4).Fakat radikal boyun diseksiyonunun sistematik olarak tanımlayan Cleveland Klinikten Crile olmuştur. Bu konudaki en geniş seriler 1905 ve 1906 yıllarında yayınlamıştır(5).

İnsan lenfatik sistemi anatomisiyle ilgili ilk çalışma 1932 yılında yayınlandı. Bu çalışma boyun lenf nodu duraklarının tanımlanmasının önünü açtı. Bu çalışma sonrası Memorial Sloan-Kettering Kanser merkezinde boyunun lateral lenf nodu kompartmanlarını 5 ana grupta sınıflandıran bir şema oluşturuldu. Bu şema günümüzde kullanılan lenf nodu bölgelerinin temelini oluşturmuştur.

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