

# GEBELİKTE OVER KANSERİNİN YÖNETİMİ

## 23. BÖLÜM

Şerif AKSİN<sup>1</sup>

### GİRİŞ

Gebelikle ilişkili kanser insidansı,% 0,02 ila 0,1 oranında seyretmektedir.Çalışmalarda teşhis edilen en yaygın maligniteler, gebelik sırasında meme, lösemi ve lenfoma, melanom ve jinekolojik kanserlerdir [1]. Gebelik sırasında çoğu adneksiyal kitle fonksiyonel veya iyi huyludur[2]. Adneksiyal kitleler, gebeliklerin % 5'inde teşhis edilir.[3].Ovarian kitlelerin % 2 ila% 5'i gebelik sırasında maligndir [4].

Gebelikte over kanserlerin yaklaşık% 50'si epitel kökenlidir. Germ hücreli ve stromal tümörler ise over kanserlerinin % 30'undan sorumludur ve geri kalan% 20 si nadir tümörlerden olan sarkomlar ve overlere ikincil metastazlardır [5,6]. Over kanseri şüphelenen hastalarda , tam bir fizik muayene, servikal, supraviküler,inguinal lenfadenopatinin değerlendirilmesi,meme muayenesi, plevral efüzyon, asit incelemesi, bimanual, rektovajinal muayeneler yapılmalıdır. [3].

### 1. GÖRÜNTÜLEME

Adneksiyal kitlelerin tanısı için pelvik ultrason birincil testtir [7]. Malign ovarian kitlelerin ultrasonografik ile ilişkili bulguları şunları içerir:solid alanlar, düzensiz sınırlar,septasyon, papiller projeksiyonlar, bilateral kitleler, dopplerde kan akım artışı ve abdominal-pelvik sıvı. Abdominal ultrasonografi malign adneksiyal kitleler ve diğer metastatik kitlelerin belirlenmesinde kullanılır [8]. Bazı adneksiyal kitlelerin yapılarının daha iyi incelenmesi için manyetik rezonans görüntüleme (MRI) kullanılabilir[8]. Gadolinyum ile intravenöz kontrast kullanımı tartışmalı olmaya devam etmektedir [9]. Uluslararası yönergeler fetüse neden olabileceği yan etkiler nedeniyle, gadolinyumdan kaçınmayı tavsiye etmektedir[8]. Gebe

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