

# GESTASYONEL TROFOBlastİK TÜMÖRLER

## 26. BÖLÜM

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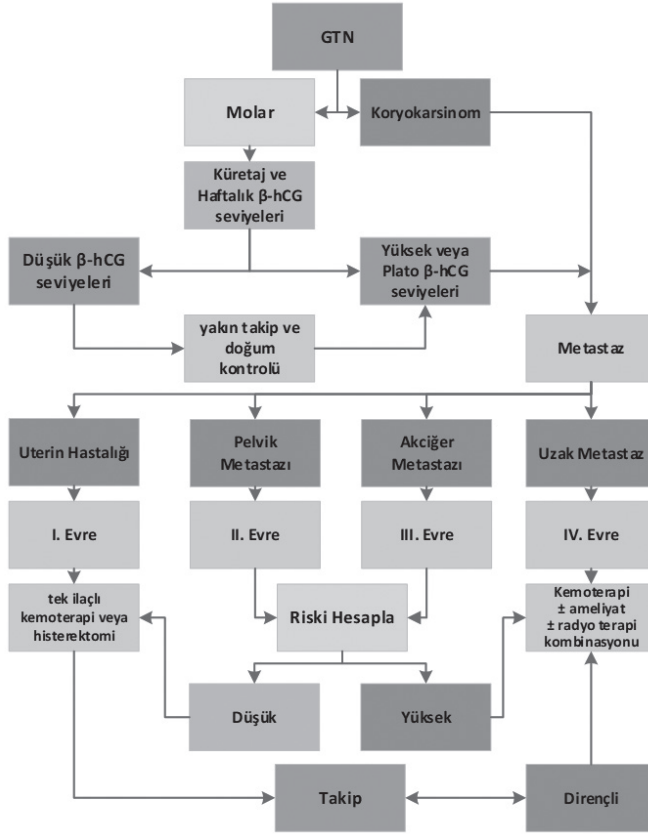
### GİRİŞ

Gestasyonel trofoblastik hastalıklar, plasental trofoblastların anormal proliferasyonundan kaynaklanan heterojen bir lezyon grubunu içerir. Gestasyonel trofoblastik hastalıkların patogenezi benzersizdir çünkü lezyonlar fetal dokudan kaynaklanır, maternal kaynaklı değildir. Gestasyonel Trofoblastik Neoplazi (GTN), trofoblastik dokuların anormal proliferasyonundan oluşan bir grup malign neoplazmi ifade etmektedir. Hidatiform mol veya molar olmayan bir gebeliği takiben oluşabilir. Histolojik tiplendirme; İnvazif mol, Koryokarsinom, Plasental Yerleşimli Trofoblastik Tümörler, Eiteloid Trofoblastik Tümörler olmak üzere 4 gruba ayrılır. <sup>(1)</sup>

GTN molar olmayan gebelik veya canlı doğumdan sonra gerçekleşebilir. <sup>(2)</sup> GTN insidansını kesin olarak saptamak zordur çünkü çoğu ülkeden yeterli veri toplanamamaktadır. GTN vakalarının yaklaşık %50' si molar gebelik kaynaklı, %25' i düşük veya tubal gebelikten ve yüzde %25' i de term veya preterm gebelikten kaynaklanmaktadır. <sup>(3)</sup> GTN molar gebelikten sonra geliştiğinde çoğunlukla molar doku veya koryokarsinoma rastlanır, nadiren plasental yerleşimli trofoblastik tümörler ya da eiteloid trofoplastik tümörler görülebilir. Komplet hidatiform sonrası hastaların %15' inde lokal invazyon, %5' inde metastatik hastalık gelişmesi beklenmektedir. Genellikle metastatik olmayan GTN, parsiyel mol hidatiform sonrası hastaların %1-4' ünde görülür. <sup>(4)</sup>

Molar olmayan gebelik sonrası gelişen GTN, genellikle koryokarsinom, nadiren plasental yerleşimli trofoblastik tümörler veya eiteloid trofoblastik tümörler olarak görülebilir. Avrupa ve Kuzey Amerika'da yaklaşık 2-7/100.000 oranında ortaya çıkarken, Güneydoğu Asya ve Japonya'da insidans sırasıyla 100.000

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**Şekil-1:** Gestasyonel trofoblastik tümörün yönetimi. GTN, gestasyonel trofoblastik neoplazi; hCG, insan koryonik gonadotropini; RT, radyoterapi.

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