

# GEBELİKTE CİLT KANSERLERİNE ÖZGÜ YAKLAŞIMLAR

## 43. BÖLÜM

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### GİRİŞ

Gebelikte kanser tanısı almak tanı konulan annenin ve fetüsün hayatta birlikte girecekleri ilk büyük zorluk olacaktır. Günümüzde gebelerde kanser görülme oranı %0.1' in altında olmasına karşın gebe kalma yaşının artması nedeniyle gelecekte gebelikte görülen kanser oranlarında artış olması beklenmektedir (1).

Günümüzde kanser; sıklığı artan ve yeni geliştirilen ilaçlara rağmen hala insan ölüm nedenleri arasında üst sıralarda yer alan bir sağlık sorunudur. Erkeklerde malign melanom 3. en sık görülen kanser iken kadınlarda 5. en sık görülen kanser alt tipidir (2). Gebelikle ilişkili olarak en sık görülen kanser tipleri sırasıyla meme kanseri, serviks kanseri, lenfoma, malign melanoma ve lösemilerdir (3).

Gebe bir kadına verilen kanser tedavilerinin sonucu olarak gebe kadında yan etkiler gelişebileceği gibi fetus için de istenmeyen sonuçlar meydana gelecektir. Özellikle birinci trimesterde kemoterapi alan gebelerde fetüsde diğer trimesterlere göre yüksek oranda mortalite ve majör malformasyon geliştiği gösterilmiştir (4).

Normal bir cilt dokusu epidermis, dermis ve subkutanöz dokudan oluşur. Bazal hücreli cilt kanseri epidermisin bazal hücrelerinden gelişmekte iken skuamöz hücreli cilt kanseri epidermal keratinositlerden meydana gelmektedir (5). Cilde rengini veren melanini üreten ve nöral krestten gelişen melanosit hücrelerinden ise malign melanom gelişebilmektedir (6). Malign melanom diğer cilt kanserlerine kıyasla daha kısa sürede metastaz yapma özelliğine sahiptir ve bu nedenle cilt kanserleri içerisinde en kötü prognoza sahip olan cilt kanseri tipidir (7).

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tik hastalarda kemoterapide uygulanabilmektedir. Bu açıdan bir çok ajan değerlendirilmiş olmakla birlikte sisplatin tek başına ya da 5-FU ile kombine şekilde uygulanabilmektedir (58). Kemoterapi seçeneği kansere spesifik olmamakla birlikte yan etkilerinin fazla olması ve etkinliğinin de düşük olması nedeniyle son yıllarda hedefe yönelik tedavi ve immünoterapide seçenekler arasında değerlendirilmektedir. Derinin skuamöz hücreli kanseri EGFR overekspresyonu yapabiliyor olması nedeniyle setuksimab başta olmak üzere bir çok EGFR monoklonal antikoru tedavide kullanılmaya başlanılmıştır (59). Son olarak özellikle küratif cerrahinin ve küratif radyoterapinin uygun olmadığı hastalarda pembrolizumab da tedavi opsiyonu olarak bulunmaktadır (60).

### 3. Gebelikte Skuamöz Hücreli Karsinom Tedavisi

Literatürde gebelikte skuamöz hücreli deri karsinom sıklığına dair bir bilgi bulunamamıştır. Daha çok ileri yaşlarda görülmesi nedeniyle gebelik döneminde sık karşılaşılan bir durum değildir. Ancak gebelerde skuamöz hücreli karsinom şüphesi varlığında; tanı yöntemlerinde ve primer tümörün eksizyon ile tedavi edilmesinde genel prensipler aynıdır (26). Eksizyon işlemi için lokal anestetik olarak lidokain kullanılmalıdır.

Gebe olmayan skuamöz hücreli deri karsinomu hastalarında kullanılan lokal ya da sistemik tedavilerin çoğunluğunun gebelerde güvenli olduğuna dair net veri yoktur. Hatta bazılarının teratojenik etkileri mevcuttur. Bu nedenle hastalarda uygulanacak olan tedavinin kararı hastaya göre verilmelidir.

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