GEBELİKTE SARKOMLARIN YÖNETİMİ

46. BÖLÜM

Doğukan SAYDAN [1]

GİRİŞ

Gebelikte kanser sık görülmemektedir. Gebelikte kanser teşhisi, 1000 doğumda bir vaka oranında nadir görülen bir durumdur. Ancak gebeliğin ileri yaşlara ertelenmesi nedeniyle kanser görülmesinde artış olabilir. (1) Primer malign kemik tümörleri genellikle gebelikle pek fazla ilişkilendirilmemekte ve bu tür kanser vakalarının az görülmesi sebebiyle belirlenmiş net bir tedavinin de olmadığı bilinmektedir.

Vakaların yönetiminde, annenin mevcut hayat kalitesini artırmak, tedavi edilebilir bir malignite ise bu hastalıkların tedavi edilmesine çaba göstermek, fetal ve neonatal dönemde kanser tedavisinin zararlı etkilerinden korumak hedeflenmektedir. Ayrıca daha sonra ki gebelikler açısından annenin üreme sisteminin zarar görmesini engellemek ana hedeflerden birisidir. (2)

Teşhis ve evreleme yapılırken anne ve fetüsün radyasyona maruz kalması açısından çok dikkatli olunmalıdır. Görüntüleme çalışmaları yapılırken mutlaka belirlenmiş kılavuzların önerilerine göre yapılmalıdır.

Plasenta ve fetüse metastaz yapma olasılığı nadirdir ancak genel olarak metastaz yapma açısından en sık bilinen maligniteler melanom (% 30), primer yerleşim yeri bilinmeyen kanser (% 22.5), hematolojik maligniteler (% 15), meme kanseri (% 14) ve akciğer kanseridir (% 13). (3)

Teratojen veya malformasyon etkileri nedeniyle gebeliğin ilk üç ayında sistemik kemoterapiden kaçınmak gerekir. Ancak ikinci ve üçüncü trimesterde bazı kemoterapötik ilaçlar verilebilir. Hormonal veya hedefe yönelik tedaviler önerilmemektedir. Ayrıca anneye radyoterapi uygulamak fetüs üzerinde öldürücü etkisi nedeniyle son derece sakıncalıdır. (4, 5)

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nedeniyle uterin endometrial stromal sarkomun preoperatif tanısı oldukça zordur. (71) Tedavisinde cerrahi ile adjuvan radyoterapi önerilmektedir. (16)

SONUÇ

Gebelerde kemik ve yumuşak doku sarkomlarının tanısı nadirdir. Ancak , hemen hemen tüm sarkom türlerinin hamilelikte görüldüğünü bildiren çalışmalar vardır. Bir çok sarkom türü için gebelik sürecinde hem tanı hem de tedavi aşamaları oldukça zordur. Gebelikte görülen sarkomlarda metastatik olmayan durumda annenin yaşamını güvence altına almakla birlikte mevcut gebelik haftasına göre fetüsü korumaya çalışmak için planlamalar yapmak gerekmektedir. Sarkom tedavisi gebelerde de normal hastalardaki gibidir. Radyoterapinin doğum sonrasında planlanması, cerrahi ve kemoterapinin ise ikinci trimester sonrası için düşünülmesi gerekmektedir.

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