5.
BÖLÜM

MEME KANSERİNDE AKSİLLANIN GÖRÜNTÜLENMESİ VE GİRİŞİMSEL İŞLEMLER

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Aksilla sınırları süperiorda klavikula, skapula ve birinci kosta; posteriorda subskapularis, teres major ve latissimus dorsi kasları; anteriorda pektoralis major ve minor kasları; medialde serratus anterior ve ilk dört kosta; lateralde korakobrakialis ve biseps kası kısa başı tarafından çizilen piramid şeklinde bir alandır. Aksiller boşlukta cilt, cilt altı yağlı doku, subkutanöz glandlar, meme dokusu, lenf nodları, brakial pleksus, aksiller arter ve ven bulunur (1).

Aksillada benign ve malign birçok patoloji görülebilir. Ancak aksiller lenf nodları (LN) varlığı meme kanserinin en önemli prognostik faktörlerinden biri olduğundan lenf nodlarının değerlendirilmesi ayrı bir öneme sahiptir (2). Palpabl aksiller LN olan veya görüntüleme yöntemleri ile metastatik olduğu gösterilmiş LN'ları olan olgular 'klinik olarak nod pozitif', bu yöntemlerle metastatik lenf nodu saptanmamış olanlar 'klinik olarak nod negatif' meme kanseri şeklinde tariflenir (3). LN'undaki 0.2 mm'den küçük metastatik depozitler 'izole tümör hücreleri', 0.2-2 mm arasındakiler mikrometastaz olarak tanımlanır (4). Bu aşamadaki metastatik hastalık görüntüleme yöntemleri ile saptanamaz. LN metastazının kesin tanısı iğne biyopsileri, sentinel nod biyopsisi (SLNB) veya aksiller lenf nodu disseksiyonu (ALND) ile belirlenir. ALND'nun morbiditesi yüksektir ve erken evre meme kanserinin tedavisinde sağ kalıma katkısı da yoktur (3). Bu sebeplerden dolayı son dönemlerde klinik pratikte kabul gören uygulama klinik olarak nod pozitif hastalarda ALND, nod negatif erken evre hastalarda SLNB'dir. Hastaya birden fazla departmanda işlem yapılması, operasyon süresinin uzaması, yanlış negatif sonuçlar SLNB'nin dezavantajlarıdır. Bu

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SONUÇ

Erken evre meme kanserinde SLNB'nin giderek daha çok uygulanması hatta bazen aksiller cerrahi tercih edilmemesi preoperatif dönemde görüntüleme yöntemleri ile metastatik LN'larının saptanmasına olan ihtiyacı arttırmaktadır. US noninvaziv, uygun maliyetli ve kolay ulaşılır olup erken evre meme kanserinde gereksiz aksiller cerrahiyi önleyen bir yöntemdir. Günümüzde cerrahi evreleme hala görüntüleme yöntemleri ile yapılan evrelemeden üstün olsa da görüntüleme yöntemleri çok önemli bir yere sahiptir. Son dönemde görüntülemede alanındaki yeni yaklaşımlarla metastatik LN'larının daha doğru saptanması amaçlanmaktadır. US eşliğinde SLNB ile beraberinde primer kitlenin perkütanöz eksizyonu ve ablasyonu ilerde tercih edilen bir yöntem olabilir (53). Kontrastlı US eşliğinde SLN tayini ve biyopsisi yapılabilir (54). Radiomics, radyolojik görüntülerin sayısal verleri üzerinde yapay zeka yöntemlerini kullanarak çalışan ve hızla büyümekte olan bir araştırma alanıdır. Radiomics veya yapay zeka entegre görüntüleme ve klinik bilgi metastatik LN'larının daha erken ve daha doğru tespitinde umut vericidir (55,56).

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