

## 8. BÖLÜM

# RADYONÜKLİD İLE YAPILAN SENTİNEL LENF NODU BİYOPSİSİ TEKNİĞİ VE BAŞARI ORANLARI

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### SENTİNEL NOD KAVRAMI VE RADYONÜKLİD SLNB

Meme kanseri, 2018 yılına ait verilere göre, tüm yeni kanser olguları arasında % 24 ve kansere bağlı ölümler arasında % 15 oranları ile dünyada kadınlarda en sık görülen solid organ kanseridir<sup>1</sup>. Erken tanı ve tedavi olanaklarının gelişmesiyle, meme kanserine bağlı ölüm oranı gerilerken, hastalığa bağlı morbidite de azalmaktadır. Aksiller lenf nodları (ALN) meme kanseri için bölgesel drenaj alanıdır. ALN’nda hastalık tutulumunun varlığı ya da yokluğu, meme kanserindeki en önemli prognostik faktörlerden biridir<sup>2</sup>. Çok değişkenli analizler, ALN’nda metastaz durumunun, tedavi sonrası nüks ve ölümün en belirgin göstergesi olduğunu ortaya koymuştur<sup>3</sup>.

Tümörden köken alan hücrelerin, drene olduğu ilk lenf bezi, bekçi/gözcü anlamına gelen “sentinel nod” (SN) olarak anılır<sup>4</sup>. Sentinel lenf nodu biyopsi (SLNB) sürecinin amacı hastalığın evrelemesidir. SN’da tümör hücresi yoksa, bölgesel lenf yatağındaki diğer nodların da tümör açısından negatif olduğu kabul edilir. Böylece aksiller lenf nodu disseksiyonuna (ALND) gerek kalmadığından, buna bağlı morbiditeler (damar – sinir hasarı, yara yeri enfeksiyonu, lenfödem gibi) ve işlem maliyeti önlenir.

SLNB için, kanser hücrelerinin lenf noduna doğal göçünü taklit eden partiküller maddeler, kanser kitlesinin çevresine enjekte edilerek kullanılır. Bu partiküller lenf sıvısı ve lenfatik kanallar aracılığıyla lenf noduna ulaşarak birikir. Bu partiküllerin biriktiği lenf nodunun saptanması ile SN çıkarılarak patolojik in-

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nin dışarıda verdiği sayımın en az %10 üstünde sayım veren diğer lenf nodlarının da çıkarılmasıdır<sup>(35,55)</sup>. Gama prob ile SN saptama başarısının, yüzde 90'ın üzerinde olduğu pek çok çalışma ile gösterilmiştir<sup>55</sup>.



**Resim-4.** Kliniğimizde Kullanılan SPECT/BT özellikli gama kamera ve Gama Prob cihazları

İşlem bittiğinde, ameliyathane ve patoloji laboratuvarındaki atıklar, kurumsal radyasyon güvenliği kurallarına uygun olarak toplanmalı ve radyoaktif atığa atılmalıdır<sup>20</sup>.

İntraoperatif taşınabilir el gama kameraları da ameliyathanede hasta başında görüntülemeyi sağlayabilecek, son yıllarda geliştirilmiş cihazlardır. Gama prob ve SPECT/BT görüntüleri ile birlikte kullanıldığında fonksiyonel bilgiler sağladığı vurgulanmaktadır<sup>55</sup>.

## SONUÇ

Multidisipliner bir işlem olan SLNB için iletişim içinde bir ekip çalışması ve işlemi yapan nükleer tıp, cerrahi ve patoloji ekibinin bu konuda eğitim alması önemlidir. Deneyimli ekiplerin başarı oranları daha yüksektir. SLNB, yeni teknolojik cihazlar ve yeni hibrid ajanların gelişmesi ile koruyucu kanser cerrahisi için daha önemli bir alan olarak pratiğimizde gelişmeye devam etmektedir.

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