

# 15. BÖLÜM

## AKSİLLER REVERS MAPPING

Yaşar ÇÖPELÇİ<sup>1</sup>

### GİRİŞ

Meme kanseri tedavisinde son yıllarda hızlanarak artan gelişmeler ışığında çok daha az invaziv tedaviler tanımlanmış, klinik pratikte uygulanmaya başlanmıştır. Tedavide yaşanan tüm gelişmelere rağmen lenfödem halen önemini koruyan sıkça karşılaşılan bir komordite olarak karşımıza çıkmaktadır.<sup>1</sup> Meme kanserine bağlı olarak %50'e varan oranlarda lenfödem görülebileceğini gösteren çalışmalar mevcuttur.<sup>2</sup> Mastektomi uygulanması, aksiller diseksiyon, radyoterapi, kemoterapi ve aksiller lenf nodu tutulumu olması tedavi sonrası lenfödem gelişimini arttıran faktörlerdir.<sup>3</sup>

Meme kanseri tedavisi sonrası lenfödem gelişimi hastaları fiziksel ve mental olarak etkiler.<sup>4</sup> Hayat kalitesinde düşme, kol fonksiyonlarında azalma, üst ekstremitenin enfeksiyon ve sellülite daha yatkın hale gelmesi lenfödemi önemli bir klinik problem haline getirmektedir.

Lenfödem gelişim riskini önemli derecede arttıran aksiller lenf nodu diseksiyonunun (ALND) meme kanseri cerrahisinde uygun hastalarda şart olmadığının gösterilmesi ve sentinel lenf nodu biyopsisinin (SLNB) rutin klinik uygulamaya girmesiyle birlikte tedavi sonrası lenfödem görülme oranlarında düşüş yaşanmış fakat lenfödemin tamamen önüne geçilememiştir.<sup>5</sup>

Üst ekstremitenin lenfatik drenajını sağlayan lenfatik kanallar ve nodların, meme dokusunun lenfatikleri ile farklı seyirler izlediğinin gösterilmesi ile kolun lenfatiklerinin korunmasını ve lenfödem gelişiminin azaltılmasını amaçlayan aksiller ters haritalama (axillary reverse mapping, ARM) tanımlanmıştır.<sup>6-8</sup>

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