

# 23. BÖLÜM

## GEBELİKTE SENTİNEL NOD BİYOPSİSİ

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### GİRİŞ

Gebelikte meme kanseri (GMK), gebelik sırasında ve doğumdan sonraki 1 yıl içeren bir zaman içinde gelişen meme kanseridir. Meme kanseri gebelikte nadir görülmesine rağmen gebelikte en sık görülen kanserdir.<sup>(1)</sup> Meme kanseri gebelerde 1 / 3.000-1 / 10.000 oranında ortaya çıkar ve teşhis edilen toplam meme kanseri sayısının% 0.2-3.8'ini temsil eder.<sup>(2-4)</sup> İlk gebelik yaşı geciktikçe görülme sıklığı artmaktadır.<sup>(5, 6)</sup>

Gebelikte memenin ağırlığı iki katına çıkar<sup>(7,8)</sup>, fizyolojik olarak memenin hipertrofisi, yoğunluğunun artması, nodularitesi ve boşalamaması meme kanserinin, gebe olmayan popülasyona göre daha ileri evrede tanı konmasına neden olur.<sup>(9-12)</sup>

Sentinel lenf nodu, tümörün ilk drene olduğu lenf nodudur, neoadjuvan ve adjuvan tedavi kararı alınırken dikkate alınır.<sup>(13, 14)</sup> Bugüne kadar yapılan çalışmalar göstermiştir ki aksilla evrelemesi için kullanılan noninvaziv tetkikler yeterince duyarlı değildir. Yeni geliştirilen ultrason cihazları ile duyarlılık artırılmış, ancak yine de invaziv yöntemlerin yerini alamamıştır.<sup>(15)</sup> Son zamanlarda pozitron emisyon tomografisi ve süpermanyetik demir oksitle güçlendirilmiş manyetik rezonans görüntüleme kullanımı ümit verici sonuçlar göstermiştir, ancak teknikler tam doğrulanamamıştır ve her yerde mevcut değildir.<sup>(16, 17)</sup>

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larda sağlanan onkolojik sonuçlara ulaşmak amaçlanmalıdır. Yapılan çalışmalar hala az hasta sayısına sahip olup, gebelikte değişen lenfatik drenaj ve anne/fetüs etkisini tam ortaya koymamaktadır.

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