

Bölüm 13

DUKTAL KARSİNOMA İNSİTU'DA TANI

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1. DUKTAL KARSİNOMA İNSİTU

Duktal karsinoma insitu (DCIS), meme duktusları ve lobüllerine sınırlı olan, farklı histolojik görünüm ve biyolojik potansiyele sahip bir grup neoplastik lezyonu ifade eder. Tarama mamografilerinin yaygınlaşmasıyla DCIS tanısı da artmıştır (1). DCIS'te amaç invaziv bir kanser gelişmeden hastalığı önlemektir.

1.1. Duktal Karsinoma İnsituda Tanı

1.1.1. Klinik prezentasyon:

DCIS'in spesifik bir kliniği yoktur. DCIS düşündüren mamograma sahip hastaların pek çoğunda memede herhangi bir semptom ya da bulgu görülmez (1-3)

1.1.2. Görüntüleme çalışmaları

1.1.2.1. Mamografi

DCIS'li kadınların %90'nda mamografide şüpheli mikrokalsifikasyon alanları izlenir. Mikrokalsifikasyon ile prezente olan meme kanserlerinin %80'i DCIS'tir (4,5). DCIS'te kitle ve diğer yumuşak doku değişiklikleri daha az sıklıkla görülür (6).

DCIS şüphesi olan tüm hastalarda, morfolojiyi ve tüm kalsifikasyonları tam olarak değerlendirmek için tanısal mamografiler çekilmelidir.

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1.2.3. Lobüler karsinoma insitu

Lobüler karsinoma insitu (LCIS), memenin terminal duktallobüler unitinden kaynaklanan non-invaziv bir lezyondur. LCIS, Amerikan Kanser Komitesi (AJCC) evreleme sisteminden çıkartılmıştır. LCIS kanser değildir, ancak prekürsör bir lezyondur. Radyolojik özellikleri, morfolojisi, biyolojik davranışı ve meme-deki dağılımı ile DCIS'ten farklıdır. LCIS neredeyse her zaman tesadüfen saptanır.

LCIS'in bir alt kümesi olan pleomorfik LCIS, DCIS'e benzer davranış gösterir. Bu yüzden bazıları pleomorfik LCIS'i, DCIS gibi tedavi eder.

1.2.4. Normal duktal hiperplazi

Normal, atipisiz duktal hiperplazi, özellikle orta dereceli DCIS'i histolojik olarak taklit edebilen benign proliferatif bir lezyondur. Farklı şekil ve boyutta nukleusa sahip epitelyal hücrelerin proliferasyonu ile karakterizedir.

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