

Bölüm 25

GEBELİK İLİŞKİLİ MEME KANSERİNDE TANI VE TEDAVİ YÖNETİMİ

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1. GEBELİKTE MEME KANSERİ HAKKINDA GENEL BİLGİLER

Gebelik esnasında veya postpartum 12. aya kadar ortaya çıkan meme kanserlerine Gebelik ile İlişkili Meme Kanseri (GİMİK) denir. GİMİK sıklıkla doğum sonrası tanı alır çünkü gebelik sırasında ne hasta ne de klinisyen tümörden şüphelenir. Geç tanı ise hastalığın prognozu ile doğrudan ilişkilidir. Bir çalışmada gebelerde meme kanseri tanısındaki gecikme yaklaşık 2,2 ay, gebe olmayanlarda ise 1,2 ay olarak bulunmuş (1). Ne var ki görülme sıklığı oldukça nadirdir. Geniş serili çalışmalarda insidansı 1,3-2,8/10.000 doğum olarak gösterilmiştir (2, 3). Ancak literatür verilerine göre son 20 yılda giderek arttığı gösterilmiştir. Bunun kökeninde ise tüm dünyada bir trend haline gelen ilk gebelik yaşının giderek artması suçlanmaktadır.

Gebelik ilişkili meme kanseri olan hastalarda aksillar lenf nodu metastazı ve daha büyük çaplı primer meme tümörü saptanmaktadır. Ayrıca histopatolojik değerlendirmelerde tümörde daha kötü differansiyon, yüksek Ki67 proliferasyon indeksi, ER/PR negatifliği ve yaklaşık %30 HER2 pozitifliği görülmektedir (4, 5). Bir çalışmaya göre GİMİK hastalarında tripple negatif hasta oranı daha fazla olduğu görülmüş (6).

2. TANI VE GÖRÜNTÜLEME YÖNTEMLERİ

Meme kanseri şüphesi olan gebe hastalarda meme değerlendirmesi fizik muayene ile titiz bir meme ve regional lenf nodları değerlendirmesi gerektirir. Gebe meme kanseri olan hastalarda Ultrasonografi (USG) yüksek sensitiviteye sahip olması ve radyasyon içermediğinden görüntüleme yöntemleri içerisinde ilk tercih edilmesi gereken tekniktir. USG tümörün memedeki yaygınlığını ve regional lenf nodları-

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