Bölüm 32

Serviks Kanseri

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Serviks'in Premalign Lezyonları:

Serviks kanseri özellikle transformasyon zone'unda gelişmiş epitelial displastik değişikliklerin (Servikal intraepitelial neoplasi-CIN) belli bir süre sonra invaziv kansere dönüşmesi ile gelişir. Düşük derece displazi (CIN-1) epitelin taban 1/3'ünün anormal hücrelerle tutulması, orta derece displazi epitelin 2/3'ünün (CIN-2) anormal hücrelerle tutulması, yüksek derecede displazi (CIN-3) ise epitelin tümünün anormal hücrelerle tutulmasına verilen addır (1). Tedavi edilmeyen çoğu CIN-1 ve bazı CIN-2 lezyonlar spontan gerileyebilir. Ancak yüksek dereceli displazi (CIN-3) tedavi edilmediğinde invaziv karsinoma ilerleyebilir (2).

Serviks'in Premalign Lezyonlarının isimlendirilmesi:

Bethesda sınıflaması anormal servikal sitolojiyi;

ASC-US-Atipik skuamoz hücreler önemi belirsiz

ASC-H-Atipik skuamoz hücreler H-SIL şüphesi

L-SIL-Düşük dereceli skuamoz intraepitelial hastalık

H-SIL- Yüksek dereceli skuamoz intraepitelial hastalık olarak nitelendirir. Displastik servikal histoloji CIN-1, CIN-2 ve CIN-3 olarak üç alt kategoriye ayrılır (3).

Sıklık:

H-SIL'ın ortalama 30 yaşta görülme sıklığının tepe noktaya ulaştığı, histolojik olarak tanı almış CIN-2 ve CIN-3 lezyonlarının prevelansının daha ileri yaşlarda arttığı gösterilmektedir (4).

Human Papilloma Virüs:

HPV'nin oluşturduğu sitolojik değişiklikler 1956'da Koss ve Durffe tarafından bulundu ve koilositoz adı verildi (5). HPV genomu servikal neoplazilerin her derecesinde bulunur ve kanserin primer nedenidir (6-7). Etyolojide en çok gözlenen risk faktörü HPV 16'dır (8). HPV 16 için erkekten kadına bulaşma riski %60-80 civarındadır (9). Servikal HPV enfeksiyonlarının çoğu birkaç ay içinde kendiliğinden temizlenir ve enfeksiyonların %90'ı iki yıl içinde saptanamaz hale gelir. Bazı bireylerde HPV enfeksiyonu persistan olarak kalır. Ancak bunun nedeni bilinmez. Bunlar kanser gelişme riski en yüksek olan gruptur (10). Sigara içimi, uzun dönem oral kontraseptif kullanımı, çok eşlilik ve HIV enfeksiyonu risk faktörleri arasında ise de hastalığın ilerlemesinin belirlenmesinde en önemli faktör HPV genotipidir. Eğer bir kadın yüksek riskli HPV için negatif ise ilerideki 5 yıl içinde preinvaziv veya invaziv kanser gelişme oranı çok düşüktür (11).

HPV virüsü skuamoz epitel hücrelerine aşırı afinite gösterir ve yalnız bu epitel türünde çoğalabilir. Benign anogenital siğillerden (Kondilomlardan) sorumlu olan tipler düşük risk grubu olarak kabul edilir ve tip 6 ve 11 bu gruba girer. Tip 16,18,31,33,35,45 ise başlıca onkojenik tipler olup yüksek risk grubuna girerler (12). İnvaziv serviks kanserinde en sık saptanan HPV 16 (%55) ve 18 (%12,8) iken serviksin adenokarsinomunda HPV 16 %18, HPV 18 %36, HPV 45 %6 oranında saptanmıştır (13).

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