

Bölüm 39

Overin Seks Kord Stromal Tümörleri

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Seks kord stromal tümörler (SKST), overin non-germ ve non-epitelyal bileşenlerinden gelişen, benign ve malign olabilen heterojen bir neoplazm grubudur (Young,2005). Malign SKST'ler nadirdir ve tüm primer over kanserlerinin sadece %1,2'sini oluştururlar. Epitelyal over kanserinin aksine, malign seks kordstromal tümörleri erken evrede tanı alır,%57'sinde tümör over ile sınırlıdır ve genellikle düşük dereceli olarak kabul edilirler(Quirk,2005). Yayılım genellikle lokaldır ve lenf nodu metastazı bu tümörlerde nadir görülür (Brown,2009;Abu-Rustum,2006; Thrall,2011).

Epidemiyoloji

Overin seks kord stromal tümörleri nadirdir. Amerika Birleşik Devletleri'ndeki, SEER verilerine göre görülme sıklığı, 100.000 kadında 0.2'dir (Quirk,2005). Bu oran, siyah kadınlarda beyazlara oranla daha yüksektir. Epitelyal over tümörlerine göre biraz daha genç yaşta görülürler ve tanı anındaki ortalamayaş 50'dir (Quirk,2005). SKST tanısı alan kadınların %12'si 30 yaşından genç, %57'si 30-59 yaşları arasındadır.

Genetik

FOXL2 geni, granüloza hücrelerinin gelişiminde kritik öneme sahip olan nükleer bir proteini ekspresse eden transkripsiyon faktörünü kodlar. FOXL2'deki somatik mutasyon, granüloza hücreli tümör gelişimi ile ilişkilendirilmiştir (Shah,2009).

FOXL2 için immünohistokimyasal boyamanın da tanıda yardımcı olabileceği gösterilmiştir(Al-Agha,2011; Kommoss,2014).

DICER1, RNase III ailesinden, mikroRNA'ların işlenmesi için gerekli olan bir endoribonükleazdır (Heravi-Moussavi,2012). DICER1'deki mutasyonlar Sertoli-Leydig hücre tümörleri ve diğer non-epitelyal over kanserleri ile ilişkilidir (Heravi-Moussavi,2012). DICER1'deki germ mutasyonlarının önemi, Sertoli-Leydig hücreli tümörler dışında; plöropulmoner blastoma, akciğer kistleri, kistik nefroma, tiroid nodüler hiperplazi ve servikal botryoid sarkomu gibi birçok klinik durum ile ilişkili olmasıdır. Bu klinik durumlardan herhangi birinin hastada tespit edilmesi, risk altında olabilecek diğer aile üyelerinin taranmasını gündeme getirmektedir. Seks kord stromal tümörlerinin BRCA mutasyonları veya meme kanserine genetik yatkınlık ile bilinen bir ilişkisi yoktur.

Histopatoloji

Overin seks kord stromal tümörleri; granüloza, teka, Sertoli, Leydig hücrelerinden veya stromadaki fibroblastlardan kaynaklanabilir. Bu tümörlerde belirgin gonodal diferansiyasyon (granüloza, teka, Sertoli, Leydig hücreleri) görülebileceği gibi, nonepitelyal (fibroblast, kıkırdak veya iskelet kası) veya heterelog elemanlar içeren epitelyal diferansiyasyon da görülebilir. Çoğu overe ait hücrelerden oluşmak-tayken, testis veya her iki dokuya ait hücreleri de kapsayabilir.

paklitaksel/karboplatin veya BEP gibi platin bazlı kemoterapi rejimleri önerilmektedir.

Diğer platin bazlı rejimler, ikinci basamak tedavi için alternatiflerdir. Bunlar arasında siklofosamid, doksorubisin, artı sisplatin; karboplatin, epirubisin, artı etoposid; sisplatin, vinblastin, artı bleomisin; ve taksan/platin kombinasyon terapileri (Brown, 2004; Tomlinson, 1997; Fujimoto, 1995; van der Meer, 1985; Homesley, 1999; Gershenson, 1996) sayılabilir.

Prognoz ve takip:

Prognoz, evre ve histolojik diferansiyasyon derecesi ile ilişkili olmakla beraber genel beş yıllık sağkalım oranı %70-90'dır. İyi, orta ve kötü diferansiyasyonlu tümör oranı sırasıyla % 11, 54 ve 13 olan ve %22'si heterolog eleman içeren 207 Sertoli-Leydig hücreli tümörlü hastadan oluşan büyük bir seride, uzun süreli takipte hastaların % 18'inde rekürrens veya metastaz izlendiği rapor edilmiştir (Young, 1985). İyi diferansiyasyonlu tümörlerin hepsi benign, orta diferansiyasyonlu tümörlü hastaların %11'inde, kötü diferansiyasyonlu tümörlü hastaların %59'unda ve heterolog eleman içeren tümörlü hastaların ise %19'unda malign davranış tespit edilmiştir.

Bu hastalar, fizik muayene ve testosteron seviyeleri ile ilk iki yıl için her üç ila dört ayda bir ve sonraki üç yıl altı ayda bir takip edilmeleri gerekmektedir. Tanı anında, inhibin, estradiol veya alfa-fetoprotein gibi diğer belirteçlerde yükselme tespit edilmiş ise takipte kullanılmalıdır). Bilgisayarlı tomografi veya diğer görüntüleme yöntemleri, semptomatik ve serum tümör marker seviyeleri yükselen hastaların değerlendirilmesinde kullanılabilir.

Kaynaklar

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