

JİNEKOLOJİK TÜMÖRLERDE KORUYUCU AŞILAR

57.

BÖLÜM

Güzin Özden¹

GİRİŞ

Jinekolojik tümörler, meme kanserinden sonra kadınlarda mortalite ve morbiditenin en önemli nedenleri arasındadır. Dünyada gittikçe daha sık görülmeye başlamıştır. Ancak tanı ve tedavi tekniklerinin gelişmesiyle ölüm hızı düşme eğilimindedir. Serviks, over, Vulva, vajinal kanserler olmak üzere 5 başlık altında incelenir.

Birincil Korunma: Kanser gelişmeden önce hastalıkla ilişkili olduğu bilinen madde ve alışkanlıklardan uzak durulması veya viral etkene karşı aşılanarak korunma amaçlanır.

İkincil Korunma: Erken tanı ve prekanseröz lezyonların invaziv olmadan tedavi edilmesini içerir. Asemptomatik hastaların erken teşhisi yapılarak kanserden korunma amaçlanır.

Üçüncül Korunma: İnvaziv kanserin tedavisi için uygun yöntemleri kullanma, hastalarda sakatlık gelişme riskini azaltma ve rehabilitasyon amaçlanır.

ENDOMETRİUM KANSERİ

Gelişmiş ülkelerde en sık jinekolojik tümör olup gelişen ülkelerde ise serviks tümörlerinden sonra ikinci sıklıktadır^[1].

Risk faktörleri;

- Postmenopozal dönemde ve 60-70 yaşında olmak,
- Obezite, diyabet ve hipertansiyonun birlikte bulunması,
- Nulliparite, infertilite,

- Polikistik over hastalığı,
- Düzensiz menstruasyon hikayesi gibi kronik anovulatuvar siklulara işaret eden durumlar (endometriumun karşılıksız östrojene maruz kaldığı durumlar),
- Geç menopoza (52 yaş sonrası),
- Progesteronsuz östrojen tedavisi gibi endometriumun östrojene fazla maruz kaldığı durumlar,
- Ailede ya da kendinde endometrium, kolon, meme ve over kanseri hikayesidir.

OVER KANSERİ

Over kanseri her 70 kadından birinde görülür ve sadece %15'i iyileştirilebilir aşamada tespit edilir. Erken evrelerde belirti vermediği için teşhis edildiğinde ilerlemiş olduğu görülür. Bu nedenle jinekolojik kanserler arasında en çok ölüme yol açan over kanseridir. Amerika Birleşik Devletlerinde kadınlar arasında 10. sıklıkta görülürken ölüme neden olan tümörler arasında 5. sıklıktadır^[1]. Etiyolojisi kesin olarak bilinmeyen over kanserlerinin gelişmesinde hormonal, çevresel ve genetik faktörler rol oynar.

Risk faktörleri;

- 50-59 yaşlarında olma,
- Ailede meme ya da over kanseri hikayesi (17. Kromozomda BRCA1 geni sorumludur)
- Önceden meme, kolon ya da endometrium kanseri olma,
- Pelvisin inflamatuvar hastalığı,
- Erken menarş, geç menopoza,

¹ Allerji ve Klinik İmmünoloji uzmanı, Adana Şehir Eğitim ve Araştırma Hastanesi drkocamazguzin@hotmail.com
ORCID iD: 0000 0003 4856 2267

etkilidir. Ayrıca HPV aşlarının vajinal ve vulvar intraepitelyal neoplazi (VAIN ve VIN 1-3) insidansını da azalttığı gösterilmiştir. Tüm HPV tiplerine karşı koruyucu olmadığı için aşı yapılanların bazıları yüksek riskli HPV ile enfekte olabilirler. Bu nedenle HPV aşısı yapılmış olan kadınlar da aşı yapılmamış kadınlarla aynı yöntemlerle takip edilmelidir. HPV enfeksiyonuna karşı korunma aşlamadan 10 yıl sonrasına kadar bildirilmiştir.

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