

Bölüm 1

BORDERLINE OVER TÜMÖRLERİ

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GİRİŞ

Borderline over tümörleri (BOT), histolojik ve biyolojik özellikleri açısından benign ve malign karakterler taşıyan, hücresel proliferasyon ve hafif nükleer atipisi varlığı ile karakterize ancak yıkıcı stromal invazyonu olmayan epitel kökenli tümörlerdir. 1929'da Taylor, peritoneal implantları olan ancak prognozun çok iyi olduğu bir grup epitelyal over tümörü tariflemesi ile "semi-malign" terminolojisi literatüre girmiştir ⁽¹⁾. 1971 yılında FIGO ve takiben 1973 yılında Dünya Sağlık Örgütü (DSÖ) "düşük malign potansiyel yumurtalık tümörleri" isimlendirmesini kullanmaya başlamıştır ⁽²⁾. 2003 yılında ise DSÖ bu özelliklere sahip epitelyal over tümörlerini karsinomlardan ayırarak "BOT" olarak tanımlamıştır ⁽³⁾. Son olarak 2014 yılında DSÖ sınıflandırması, "BOT" terimini kullanmayı önermiş ve önceden kullanılan "düşük malign potansiyelli tümör" terimi terkedilmiştir ⁽⁴⁾.

GENEL ÖZELLİKLER

BOT, tüm epitelyal yumurtalık kanserlerinin yaklaşık % 15'ini oluşturur. Daha genç popülasyonda meydana gelme eğilimindedir. BOT'ların evre 1 lezyonlar için 10 yıllık sağkalım oranı % 95'in üzerindedir. Bununla birlikte, tedaviden sonra geç rekürrensler de bildirilmiştir. BOT'lar seröz, müsinöz, endometrioid, clear cell ve brenner olarak tiplendirilirler ⁽⁵⁾.

Borderline seröz epitelyal tümörler, histolojik özellikleri ve prognostik yönleriyle iyi huylu seröz kistadenomlar ve malign seröz kistadenokarsinomlar arasında bir geçiş tanısı olarak bulunur. Denkert ve arkadaşları düşük derece over karsinomlarının kistadenomlardan veya borderline over tümörlerinden köken aldığını, yüksek dereceli over tümörlerinin ise "de novo sentez" ile oluştuğunu ve bu basamakları atladığını belirtmişlerdir ⁽⁶⁾.

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olsa da NCCN klavuzuna göre özellikle invaziv implant varlığında, ileri evrelerde önerilmektedir. Frozen güvenilirliği özellikle müsinöz tiplerde daha az olup merkezden merkeze bu oran değişmektedir. Borderline over tümörleri lenf nodu diseksiyonu hariç, aynen invaziv over kanserleri gibi cerrahi olarak evrenmelidir. Fertilitate koruyucu cerrahi uygulanan hastalar nüks açısından bilgilendirilmelidir. Bu hastalar 15 yıl gibi bir süre takip altında bulunmalıdırlar.

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