

BÖLÜM 10

Diferansiye Tiroid Kanserinde Cerrahi: Güncel Yaklaşım

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Özet

Nüfus bazlı çalışmalar insidental tiroid nodülü tanısında artış olduğunu göstermiştir. İnce iğne aspirasyon biyopsisi gibi tiroid tabanlı tanısal işlemlerde artış olması tiroid kanserlerinin tanısında artışa sebep olmuş ve daha fazla tiroid cerrahisi yapılmasına yönlendirmiştir. Tanıdaki bu artışın çoğunluğundan küçük papiller tiroid kanserleri sorumludur.

Diferansiye (papiller, folliküler ve hürthle hücreli) tiroid kanseri (DTK) için birincil tedavi cerrahidir. İlk operasyonda ne kadar tiroid dokusunun çıkarılması gerektiğine dair ciddi tartışmalar vardır ve optimal operasyonun seçiminde rehberlik sağlayacak ileriye dönük randomize klinik çalışma yoktur. İlâveten tiroidektomi ilişkili komplikasyonlar hastanın yaşam kalitesinde önemli etki gösterdiğinden (özellikle rekürren laringeal sinir hasarı ve hipoparatiroidizm), yeni tanı konmuş diferansiye tiroid kanserlerinin optimal yönetimi hakkında tartışmalar da devam etmektedir. Bu bölüm, diferansiye tiroid kanserlerinde görüş birliği sağlamış mevcut kılavuzların önerileri hakkında tartışma içermektedir.

Sekiz meta analizin sistematik derlemesi bu çalışmaların çoğunluğunun rekürren larengeal sinir hasarında anlamı olmayan bir azalma saptadığını göstermiştir (80). Aralıklı intraoperatif sinir monitorizasyonunu geriye atan durum sinirinin intermittan sitmülasyonlar arasında hasar görme riskidir. Geçici olarak yerleştirilen elektrodun vagus sinirine konulması ile devamlı intraoperatif sinir monitorizasyonu aralıksız monitorizasyon amacıyla geliştirilmiştir; ancak, hemodinamik instabilite ve vagal nöroplaksi gibi yan etkiler bu tekniğin yaygınlaşmasını engellemiştir (81,82).

American Academy of Otolaryngology – Head and Neck Surgery kılavuzları “Cerrah intraoperatif sinir monitorizasyonunu kullanabilir” şeklinde belirtir ve rekürren larengeal sinir hasarı açısından fayda ve işe yaramazlık arasında bir denge olduğunu göstermiştir (83). 2018 de görüş birliği sağlanan bir açıklama yapılmış ve rekürren larengeal sinir tiroidektomi sırasında cerrahi yönetimi için sinirin, larinksin ve boyunun özellikle Berry ligamanı civarının anatomisine hakim olmanın ve sinirin saptanması için cerrahi yaklaşımlara hakim olunmasının gerekliliğine vurgu yapılmıştır (81).

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