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Diferansiye Tiroid Kanserinde Sintigrafik Görüntüleme : Evreleme, Risk Belirleme ve Tedavi Yönetimindeki Yeri

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Özet

Diferansiye Tiroid Kanseri (DTK) tanı ve tedavisinde radyoaktif iyot izotopları uzun yıllardan beri kullanılmaktadır. Radyoaktif iyot (RAI) ile sintigrafik görüntülemede tiroidektomi sonrası normal bakiye tiroid dokusu, rezidü tümör veya bölgesel ve uzak metastazların görüntülenmesi sağlanmaktadır. RAI sintigrafisi tanısal ve tedavi sonrası olmak üzere iki şekilde yapılmaktadır. Tanısal RAI sintigrafisinde düşük doz Iyot-131 veya Iyot-123 kullanılarak görüntüleme yapılmaktadır. RAI tedavi sonrası sintigrafide ise ablasyon dozu veya yüksek doz I-131 tedavisi uygulanan hastalarda tedaviden 3-10 gün sonra sintigrafik görüntüleme yapılmaktadır. Konvansiyonel planar RAI sintigrafisinde yanlış yorumlamalara neden olabilecek metastazı taklit edebilen bulgular sıklıkla karşımıza çıkabilmekte ve yorumlama güçlüklerine neden olmaktadır. Planar sintigrafide gördüğümüz RAI tutulumlarının doğru lokalize edilmesi için anatomik korelasyon da sağlayan tek foton emisyon bilgisayarlı tomografi/bilgisayarlı tomografi (SPECT/BT) yönteminden faydalanılması çok değerlidir. SPECT/BT radyoaktivite tutulum odağının lokalizasyonunu kesin olarak göstermekte, RAI tutulumunun anatomik karşılığını göstererek lezyonların benign/malign karakterizasyonunu sağlamaktadır. Evreleme, risk, prognoz ve takip stratejilerini belirleme DTK'li hastaların yönetiminde temel faktörlerdir. RAI sintigrafisi DTK'li hastalarda evreleme, risk sınıflandırması ve prognoz ile ilgili çok değerli bilgiler vererek tedavi yönetiminde önemli değişikliklere yol açması nedeniyle rutin görüntüleme modalitesi olarak önerilmektedir.

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