BÖLÜM
26

Gebelik ve Laktasyonda Tiroid Kanseri

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Özet

Tüm dünyada sıklığı gittikçe artan tiroid kanseri üreme çağındaki kadınları da sıklıkla etkilemektedir. Gebelikte tiroid kanseri iki farklı klinik olarak karşımıza çıkabilir. Daha önce tiroid kanseri tanısı almış ve takip altındaki hastalarda gebelik söz konusu olabileceği gibi tiroid kanseri tanısı ilk defa gebelikte de konabilir. Bu hastalarda göz önünde bulundurması gereken konular gebeliğin hastalık seyri üzerine etkisi, optimal tedavi zamanlaması ve tedavilerin hem anne hem de bebekte oluşturabileceği risklerdir. Gebelikte tiroid nodüllerine ve tiroid kanserine yaklaşım, radyoaktif iyot görüntüleme ve tedavisinin kontrendike olması dışında genel popülasyonla benzerdir. Genel olarak gebeliğin tiroid kanserinin daha agresif seyretmesine neden olmadığı ve prognozu kötüleştirmediği kabul edilmektedir. Gebelikte ikinci üç aylık dönemde cerrahi güvenli bir şekilde yapılabilse de, klinik ve ultrasonografik olarak yüksek risk özellikleri taşımayan iyi diferansiye tiroid kanserlerinde çoğunlukla cerrahi gebelik sonrasına ertelenebilir. Tiroid kanserinin doğurganlık ve gebelik sonuçları üzerine etkileri ile ilgili çalışmalarda farklı sonuçlar elde edilmiş, fakat geniş çaplı çalışmalarda genel olarak olumsuz etkisi olmadığı gösterilmiştir. Düşük riskini önlemek ve rezidü hastalık varsa tespit edilmesini sağlamak için radyoaktif iyot tedavisinden sonra 6-12 ay gebe kalınmaması önerilmektedir.

gebeliğin tiroid kanseri gelişimi veya progresyonu üzerine olumsuz etkileri bildirilmişse de geniş çaplı çalışmalar ve metaanalizler gebeliğin yeni tanı almış, tedavi edilmiş veya aktif takip edilen DTK'nde klinik olarak ilerleme ile ilişkili olmadığını göstermiştir. Gebelikte tiroid kanseri saptandığında bir çok hastada olduğu gibi yüksek risk oluşturabilecek agresif özellikler yoksa cerrahinin doğum sonrasına ertelenmesi önerilmektedir. Yüksek risk nedeniyle cerrahiye karar verilirse cerrahi, ikinci üç aylık dönemde güvenli bir şekilde yapılabilir. Tiroid kanseri tedavisi görmüş ve yapısal veya biyokimyasal rekürensi olmayan hastalarda gebeliğin hastalık üzerine etkisi yoktur. Rekürensi olan hastaların ise düşük de olsa progresyon riski nedeniyle gebelik süresince yakın takip edilmesi gereklidir. RAİ tedavisi gebelikte ve emzirme durumunda kontrendikedir ve RAİ tedavisi alan hastaların en az 6-12 ay gebe kalmamaları önerilmelidir.

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