

Pediyatrik Yaş Grubunda Diferansiye Tiroid Kanserinin Genel Özellikleri

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Özet

Tiroid kanseri insidansı yetişkinlerde olduğu gibi genç yaş grubunda da giderek artmaktadır. 15-19 yaş grubu adölesanlarda tiroid kanseri en sık görülen sekizinci malignitedir ve bu yaş grubundaki kızlarda en sık maligniteler arasında ikinci sıklıkta yer alır. En sık tanı alma sebebi tarama sırasında saptanan tiroid nodülüdür. Ancak erişkinlerden farklı olarak pediyatrik çağda tiroid kanserlerinin ilk bulgusu palpe edilebilen tiroid nodülü olmaksızın servikal lenfadenopati de olabilir. Erişkinlerde olduğu gibi pediyatrik çağda da kanserlerin %90'ından fazlasını papiller tiroid kanseri oluşturur (PTK). Foliküler tiroid kanseri (FTK) daha az sıklıkta görülürken medüller tiroid kanseri, az veya andiferansiye kanser çok daha nadirdir. PTK erişkin yaşta olduğu gibi farklı varyantlar gösterebilir. Çocukluk çağı ve erişkin yaş diferansiye tiroid kanserlerinin (DTK) klinik davranışı arasında dramatik farklar vardır. Örneğin çocuklarda tanı anında yaygın hastalık erişkinlerden daha sıktır ve %70 vakada tiroid kapsülünü aşmış veya lokorejyonel lenf nodlarına sızramıştır ve %10-28'inde tanı anında pulmoner metastaz mevcuttur. Hastalık daha yaygın başlasa bile PTK nedeni ile ölme riski erişkinlerden çok daha düşüktür. Papiller tiroid kanserinin %5'i otozomal dominant geçişle aktarılır. Çocukluk çağında spontan gelişen tiroid kanserlerinin etiyojisi net bilinmemekle birlikte; yeni kanıtlar bu kanserlerin tiroid kök hücrelerinden geliyiyor olabileceğini göstermektedir. Spontan tiroid kanserlerinde çok farklı genetik değişiklikler rapor edilmekle birlikte en sık görülen mutasyonlar RAS, RET/PTC, PAX8/PPAR γ ve BRAF'tır. Genç yaşta tanı almış DTK'larda cerrahi total tiroidektomi olmalıdır. Postoperatif dönemde tümör özelliklerine göre risk sınıflaması yapılır ve radyoaktif iyot endikasyonu buna göre belirlenir. Düşük riskli hastalar serum tiroglobulin (Tg) ve boyun ultrasonografi ile takip edilirken yüksek riskli hastaların takibinde tüm vücut tarama da yapılır. Çeşitli sebepler nedeni ile çocuk çağda tanı alan ve erişkin yaşa geçen kanser hastaları, erişkin kanserli hastalardan biyolojik ve psikososyal açılardan farklılık gösterir. Bildiğimiz kadarı ile çocukluk çağında tiroid kanseri tanısı almış ve erişkin yaşa geçmiş hastaların özellikleri, ihtiyaçları ve bu hasta grubunun takip algoritması ile ilgili herhangi bir yayın veya rehber bulunmamaktadır. Bu hastalar erişkin döneme geçtiklerinde takip edilecekleri merkezde çalışan endokrinoloji hekimi tarafından detaylı olarak bilgilendirilmelidir. Hastanın geçirmiş olduğu cerrahi tipi, kompartman cerrahisi yapılıp yapılmadığı, radyoaktif iyot tedavisi ile ilgili detaylar (kaç kez? hangi dozlarda?) ve varsa yapılan görüntülemelerin sonuçları (tüm vücut tarama, pozitron emisyon tomografi bilgisayarlı tomografi ve benzeri) detaylı olarak sorgulanmalıdır.

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