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Tiroid Bezinin Nadir Tümörleri ve Tiroide Metastazlar

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Özet

Tiroid bezinde follikül epiteli ve C-hücre kökenli tümörlere ek olarak, epitelyal, mezenkimal, germ hücreli, lenfohematoid kökenli primer ve sekonder tümörler de gelişebilmektedir. Mukoepidermoid karsinom, skuamöz karsinom, müsinöz karsinom, mikst medüller-folliküler karsinom, timik diferansiasyon gösteren tümörler, paraganglioma, vasküler ve düz kas hücreli tümörler, periferik sinir kılıfı tümörleri, lenfoma, Langerhans hücreli histiositoz, dendritik hücreli tümörler ve teratom bezin nadir görülen primer tümörleridir. Bu tümörlerin her birinin tiroid maligniteleri içinde görülme sıklığı %0.5-1'in altındadır. Genellikle spesifik klinik, biyokimyasal ve radyolojik bulguları yoktur, ancak skuamöz hücreli karsinom gibi agresif tümörlerde boyunda ani büyüyen kitle veya bası bulguları ile prezentasyon tipiktir. Ayırıcı tanıda ince iğne aspirasyon biyopsisinin yararı kısıtlıdır. Çoğu olguda sitolojik bulgular tanısal değildir. Kesin tanıda altın standart patolojik ve immünhistokimyasal incelemedir.

Tiroid bezi malignitelerinin %2-3'ü sekonder tümörlerdir. Tiroid bezine en sık metastaz yapan tümörler; renal hücreli, akciğer, kolorektal ve meme karsinomlarıdır. Genellikle primer tümörün evreleme ve takibi sırasında tanı konulsa da, %20-40 olguda tiroid metastazı saptandığında primer tümör okülttür. Bilinen malignitesi olan her hastada, tiroid nodülü saptandığında ince iğne aspirasyon biyopsisi ile ayırıcı tanı sağlanmalıdır. İnce iğne aspirasyon biyopsisinin metastazları saptamada duyarlılık ve özgüllüğü %90'ın üzerindedir. Tedavi primer tümörün evre ve yaygınlığına göre planlanmalıdır. Agresif ve yaygın metastatik tümörlerin tiroid bezi metastazlarında radikal cerrahi yaklaşım gereksizdir. Beklenen sağkalım uzun ve metastaz izole ise tiroidektomi uzun dönem hastalık kontrolünde etkin olabilir.

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