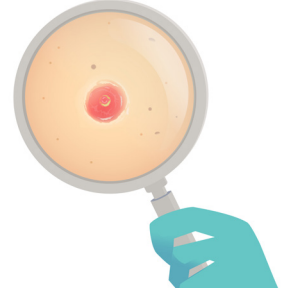


BÖLÜM 9

SEBASE HİPERPLAZİ



Cansu BENLİ IŞIK¹

GİRİŞ

Sebase hiperplazi sıklıkla orta yaş ve daha yaşlı kişilerde; burun, yanak veya alında yerleşen, sebase bezlerin hiperplazisi sonucu sarı renkli papüller şeklinde bulgu veren benign bir lezyondur. Tek veya çok sayıda olabilir. Lineer, diffüz, ailesel ve dev formlarda nadir varyantları mevcuttur (1).

Geçen zamanlarda neoplazi mi hamartom mu olduğu yönünde tartışmalar yapılmış olmakla birlikte; literatürde bu konuda fikir birliği henüz sağlanmamıştır. Çoğunlukça gerçek bir neoplazi olarak kabul görmemektedir (2, 3). Ancak reaktif bir hiperplaziden ziyade gerçek bir benign neoplazi olduğunu savunanlar da mevcuttur (4). Dünya Sağlık Örgütü deri tümörleri sınıflamasında ise sebase neoplaziler arasında yer almamaktadır (5).

KLİNİK BULGULAR

Sebase hiperplazi sağlıklı yetişkinlerde %1 görülme oranı ile sık karşılaşılan bir durumdur (6). İnsidansı kronik immunsupresif tedavi alanlarda daha yüksek olup, siklosporinle tedavi edilmiş transplant alıcılarında %10-16 oranlarında bildirilmiş-

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SONUÇ

Sebase hiperplazi günlük pratiğimizde azımsanmayacak sıklıkta karşılaştığımız, gerçek bir neoplazi olup olmadığı halen tartışmalı, patogenezi tamamıyla aydınlatılmamış, klinik olarak özellikle bazal hücreli karsinom ile, histomorfolojik olarak diğer sebase neoplaziler ile karışabilen, aslında tedavi gerektirmeyen ancak kozmetik sebeplerden dolayı lazer, kriyoterapi, medikal tedaviyi de içeren çeşitli yöntemlerle müdahale edilen benign bir deri lezyonudur. İç organ maligniteleriyle birlikte olabilen diğer sebase neoplazilerden (özellikle sebaceoma ve sebase adenomdan) ayırımı önemlidir.

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