# Bölüm 22

# Testiküler Tümörler ve Paraneoplastik Sendromlar

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## GİRİŞ

Testis kanserleri, tüm erkeklerde görülen kanserlerin yalnızca %1'ini temsil etmekle beraber, 15-35 yaş arasındaki erkeklerin en sık görülen kanser türüdür.[1] Amerika Birleşik Devletlerinde yılda 9000'den fazla vaka görülmekte ve 460 bireyin ölümüne neden olmaktadır. Testis tümörlerinin iki ana kategorisi, vakaların yüzde 95'ini oluşturan germ hücreli tümörler (GHT) ve seks kord-stromal tümörler(SKST)'dir.[2] **(Tablo 1)**

Saf seminomlar, tüm testis GHT'lerin yaklaşık %50 sini oluşturur ve miks GHT'lerin yaklaşık %20'sinde seminom bileşeni bulunur.[3,4] Testis kanserine özgü serum tümör belirteçleri seminomlarda genellikle normaldir, ancak insan koryonik gonadotropin beta subüniti (Beta-HCG) dağınık sinsityotrofoblastik dev hücreler içeren tümörlerde hafif (<100 mIU/mL) yükselebilir. Saf seminomlu hastalar arasından metastatik hastalığı bulunanlarda yüzde 15 ila 20'sinde yükselmiş serum beta-hCG saptanmıştır.[5] Serum beta-hCG'deki artış öncelikle daha yüksek tümör yükü ile koloredir, ancak metastatik bir hastalığı predikte etmez.[6] Bu nedenle erken evre seminomlu bir hastada orşiektomi sonrası normale dönen serum beta-hCG yüksekliği ilerlemiş hastalığı ekarte ettirebilir.

Anaplastik seminom terimi Dünya Sağlık Örgütü (WHO) tarafından artık kullanılmamaktadır. Sınıflandırmadaki bu değişikliğin altında, daha önce "anaplastik seminomlar" olarak adlandırılan tümörlerin, modern tedavi ile birlikte klasik seminomlarla benzer tedavi sonuçlarına sahip olması yatmak-

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kadarı, klinik olarak palpe edilebilen bir tümör olsun veya olmasın, başvuru anında jinekomasti bulunabilmektedir.[59] Palpe edilebilen leydig hücreli tümörlerin %15-16'sı da jinekomasti görülmektedir.[60]

## DİĞER SENDROMLAR

Mutlak eritrositoz, kan hematokrit düzeyi ile birlikte eritrosit kitlesindeki artması olarak tanımlanır. Polistemia Vera'ya bağlı olanlar primer ve Eritropoetin üreten faktörlere bağlı (GHT, hipoksi) gelişenler sekonder olarak tanımlanmaktadır.[61,62] Testis kanserine bağlı membranöz glomeronefrit ve ürtikelyal vaskülit vakaları literatürde bulunmaktadır.[63,64]

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