

Bölüm 25

Baş Boyun Kanserlerinde Görülen Paraneoplastik Sendromlar

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GİRİŞ

Paraneoplastik sendromlar, tümörlerin hormon, peptit veya sitokin salgılamasından veya malign ve normal dokular arasındaki immün çapraz reaktiviteden kaynaklanır. Kitle etkisi, tümör invazyonu veya metastaz ile doğrudan ilişkili değildir¹. Başta endokrin olmak üzere, nörolojik, dermatolojik, romatolojik ve hematolojik sistemleri etkileyebilir².

Literatürde baş boyun kanserli hastalarda paraneoplastik sendromlar nadiren görülür. Maligniteler her yaşta görülebildiği gibi paraneoplastik sendromlar da her yaşta görülebilmektedir. Irk ve cinsiyet ayrımı bildirilmemiştir¹.

Skuamöz hücreli karsinom, paraneoplastik sendromlara neden olan en sık baş boyun tümör malignitesidir. Bununla birlikte nöroendokrin neoplaziler, undiferansiye karsinom, melanom, lenfoma, adenoid kistik karsinom, esthesionöroblastoma da paraneoplastik sendromlara neden olabilmektedir.

PARANEOPLASTİK ENDOKRİN SENDROMLAR

Paraneoplastik endokrin sendromlar genellikle tümörün metabolik düzenliliklere yol açan hormon veya peptit üretiminden kaynaklanır. Tipik olarak, malignite tanısı sonrasında hastalarda paraneoplastik endokrin sendromlar tespit edilir².

Uyumsuz Antidiüretik hormon (ADH) Sendromu: Plazma vazopressin artışı ile birlikte aşırı natriürez (≥ 20 mmol/L), plazma ile karşılaştırıldığın-

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SONUÇ

Paraneoplastik sendromlar tümörlerin erken tanı ve teşhisine olanak sağladıkları için önemlidir. Bazen sessiz bir malignitenin tek semptomu olabilir. Tanı multidisipliner bir yaklaşımı içerir. Ayrıntılı olarak endokrinolojik, nörolojik, histolojik incelemeler gereklidir. Özellikle malign tümörler söz konusu olduğunda, her hastalık için tercih edilen tedavi farklı olacağından doğru teşhis önemlidir.

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