

BÖLÜM 20

LOBULER KARSİNOMA İN SİTU YÖNETİMİ

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GİRİŞ

Memenin atipi içeren benign proliferatif lobuler neoplazileri, Atipik Lobuler Hiperplazi (ALH) ve Lobuler Karsinoma in Situ (LCIS)'dur. Histolojik olarak benign olmakla birlikte yüksek riskli lezyonlar olarak anılırlar çünkü ileriye yönelik meme kanser gelişimi riski taşırlar. Çoğu kez sanılanın aksine mutlak bir prokürsör lezyon değil, risk belirteçlerdir. Diğer bir ifadeyle, ALH veya LCIS saptanan bireylerde ilerleyen dönemde meme kanseri gelişme riski yüksektir, ancak meme kanseri gelişimi ALH veya LCIS olan alandan olabileceği gibi her iki memenin herhangi bir alanından da gerçekleşebilir. Meme kanseri yatkınlığı her iki lezyon için yüksek olsa da bu durum LCIS için daha belirgindir [1]. Bu nedenle klinik pratikte farklı ele alınır.

HİSTOLOJİK SINIFLANDIRMA VE PREVELANS

Histolojik olarak noninvazif lobuler hiperplazi durumu bir Lobuler İntraepitelyal Neoplazi olarak tanımlanabilir ve LIN1 olarak kodlanır. Klasik tipte LCIS için LIN2 ve Pleomorfik tip LCIS için ise LIN3 kısaltması kabul görmüştür [2].

Klasik tip LCIS: Tipik olarak ER pozitifdir. Düşük oranda HER2 pozitif olur ve çok düşük proliferatif hıza sahiptir. Nadiren düşük nükleer gradlı DCIS ile karışabilir.

Pleomorfik tip LCIS: Sıklıkla ortasında nekroz ve kalsifikasyon alanları barındırır. DCIS ile çok sık karışır. Zaman zaman beraberinde infiltratif pleomorfik

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