BÖLÜM
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MÜSİNÖZ TİP OVER ADENOKARSİNOMU

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GİRİŞ

Over kanserlerinin yaklaşık %95'i epitelyal hücrelerden köken almaktadır. Geri kalan %5'lik oran ise diğer over hücrelerinden meydana gelir. Overin müsinöz tümörleri, overin yüzey epitel hücrelerinden kaynaklanan ikinci sıklıktaki tümörlerdir. Epitelyal over tümörleri içerisinde en sık görülen alt tip ise overin seröz tümörleridir. Müsinöz tümörler tüm over tümörlerinin %25'ini, tüm over kanserlerinin yaklaşık %10'unu oluştururlar.[1] Müsinöz kistadenom müsinöz tümörler içerisinde en fazla görülendir. Müsinöz tümörlerin %75-85'i benign, %10-15'i borderline, yaklaşık %5'i malign formda görülmektedir.[2]

Epitelyal over kanseri alt tipleri histolojik olarak alt genital organların epitellerine benzerlik gösterir. Müsinöz tümörler endoservikal hücrelere benzerlik gösterir.[3] Epitel hücreleri intrasitoplazmik müsin içerir ve aynı zamanda intestinal tipte hücrelere de benzerlik gösterebilirler. Non-müsinöz tümörlerin aksine epitel hücreleri arasında goblet hücreleri bulunur.[4] Benign müsinöz tümörler genellikle endoservikal patern (Müllerian tip) içerirken, borderline müsinöz tümörlerin %85'i, müsinöz karsinomların tamamı intestinal patern gösterirler.[5]

Yakın tarihe kadar müsinöz over kanserinin yönetimi seröz over kanseri için geliştirilen kılavuzlardan faydalanılarak yapılmakta idi. Kazanılan deneyimler ve biyolojik özelliklerinin zamanla daha iyi anlaşılması müsinöz over kanserlerinin kendine has klinik özellikleri olan ve kendine has yönetim gerektiren kanserler olduğunu göstermiştir. Müsinöz tümörleri incelerken kendine has özelliklerin yanında diğer epitelyal tümörlerle karşılaştırarak değerlendirmek müsinöz tümörleri daha kolay anlaşılır kılacaktır.

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Bu nedenle, evre I ekspansil ve evre I infiltratif alt tipleri arasındaki ayrım kritiktir. Çünkü bu evreleme lenfadenektomi veya adjuvan kemoterapinin endikasyonlarını etkileyebilir.

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