

# BÖLÜM 11

## SERVİKAL KANSER TARAMASI VE PREİNVAZİV SERVİKAL HASTALIKLAR

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### GENEL BAKIŞ

Yakın zamana kadar kadınlarda en sık görülen jinekolojik kanser olan serviks kanseri, bu gün önlenabilir kanserler arasındadır ve tarama programlarına katılan kadınlar arasında nadir hale gelmiştir. Hasta ve klinisyen eğitimi, ulusal tarama programları, İnsan Papilloma Virüsü (HPV)'ne karşı aşılama ve preinvaziv lezyonların tedavisi, etkili bir korunmanın önemli bileşenleridir.

Serviks kanseri, gelişmekte olan ülkelerde dört kat daha fazla görülür.<sup>1</sup> Her ne kadar çeşitli ülkelerde HPV'ye maruziyetteki farklılıklar, serviks kanseri oranları arasındaki farklılıkları açıklamada bir rol oynayabilse de, gelişmekte olan ülkelerde serviks kanseri insidansının ve ölüm oranlarının, organize ulusal tarama programlarının olmaması ve tedaviye erişimin yetersiz olmasından kaynaklanması muhtemeldir.

Serviks taramasının temel amacı serviks kanserini önlemektir. Bu, preinvaziv servikal lezyonların saptanması, tedavisi ve takibi ile elde edilir.<sup>2,3</sup> Neredeyse tüm serviks kanserlerinin, persistan HPV enfeksiyonundan kaynaklandığına dair anlayış, HPV aşısı ve primer HPV bazlı tarama yoluyla, primer ve sekonder korunma konusunda önemli yeni yaklaşımlara yol açmıştır.

### SERVİKAL TRANSFORMASYON ZONU

#### *Embriyogenez*

Serviks ve vajina müllerian kanaldan gelişir ve başlangıçta tek katlı kolumnar epitel tabakası ile kaplanır. 18-20. gebelik haftasında, vajinal kanalı kaplayan ko-

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dereceli CIN'li hastaların%2-3'ünde hastalık vajene uzanır.<sup>73</sup> Vajinal cuff, bu hastalarda dikkatle şekillendirilmezse, vajene neoplastik epitel dikilebilir. CIN tedavisi için histerektomi geçiren hastaların %1-7'sinde yüksek dereceli vajinal intraepitelyal neoplazi (VAIN) gelişir. CIN tedavisi için histerektomi yapılırsa, hasta ameliyattan sonraki 18 ay içinde sitoloji ve kolposkopi ile değerlendirilmelidir. Daha sonra yıllık vajinal smear taraması ile takip edilmelidirler.

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