

BÖLÜM

14

GEBELİKTE SERVİKS KANSERİNE YAKLAŞIM

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GİRİŞ

Serviks kanseri tanısı alan kadınların %1-3'ü, tanı aldıklarında ya gebedir ya da postpartum dönemdedir.¹ Bu vakaların yaklaşık yarısı doğum öncesi teşhis edilirken, diğer yarısı doğumdan sonraki 12 ay içinde teşhis edilir. Serviks kanseri, gebelikte görülen en sık kanserlerden biri olup, tahmini insidansı 10.000 doğumda 0.8-1.5'dur.² Hastaların çoğu erken evrede tanı alır. Rutin tarama sayesinde olabileceği gibi, geç evrede gebe kalmanın zor olması da sebep olabilir. Serviks kanserinde prognoz gebe olmayanlarla aynıdır.³ Tedavide, gebe olmayan kadınlardaki geniş randomize çalışmalarla, gebe hastalardaki gözlemsel çalışmalar birlikte değerlendirilir. Tedavi bireyselleştirilmeli ve hastanın gebeliğe devam etme isteği, gebelik esnasında tedavinin gecikebileceği veya modifiye edilebileceği riskini göze alıp almamasına göre karar verilmelidir. Serviks kanseri genellikle tarama sırasında tanı alır. Doğrudan incelenmemiş olsalar da, Papanicolaou testinin performans özellikleri, hamile ve hamile olmayan kadınlar arasında anlamlı olarak farklı görünmemektedir.⁴ Gebe hastalarda anormal sitoloji oranı %5-8 olup gebe olmayan popülasyonla benzerdir¹. Gebelikteki serviks kanserinin belirti ve bulguları, hastalığın evresine ve lezyonun boyutuna bağlıdır. İki seride, evre IA olan tüm gebe hastalar ve evre IB hastaların %50'si tanı anında asemptomatik olup rutin tarama esnasında saptanmıştır.^{5,6} Evre IB hastalığı olan semptomatik hastalar, anormal vajinal kanama veya akıntı; ileri evre hastalığı olanlar ise, pelvik ağrı, siyatik tip bacak ağrısı, böğür ağrısı, kronik anemi ve

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