BÖLÜM 10

LARENKS BÖLGESİ TÜMÖRLERİNİN PATOLOJİK ÖZELLİKLERİ

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GİRİŞ

Larenks Kanseri (LK) baş-boyun kanserleri içerisinde en sık ikinci kanser türüdür (1). Türkiye de ise kanserler arasında 8. sıradadır ve erkeklerde kanser olgularının %2,6'sını oluşturmaktadır (2). LK erkeklerde kadınlara oranla 6 kat daha fazla gözlenmektedir. (1). LK olguları en sık 5-7. dekatta gözlenir ve vakaların %90'ı 40 yaş ve üzerindedir (3).

Larenkste görülen malignitelerin %85-95'ini epitelden köken alan yassı hücreli kanserler oluşturur (4). Malign tümörlerin farklı davranışları nedeniyle tedavi öncesi histopatolojik tanı çok önemlidir.

LK insidansında azalma gözlenmiştir. Teknolojinin ilerlemesi ile birlikte zamanla tedavi modaliteleri değişmekte ancak yeni çıkan kemoterapi (KT) ajanlara, radyoterapi (RT) modalitelerine ve gelişmiş cerrahiye rağmen hastalığın mortalitesinde, insidansına paralel düşüş gözlenmemektedir (3). Hastalığın etkin tedavisi ancak erken ve doğru histopatoljik tanı, hastalığın yayılımı ve hastanın beklenti ve isteklerinin beraber değerlendirilmesi ve hastaya uygun tedavinin seçilmesi ile mümkündür.

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gruba ayrılırlar. Sıklıkla düşük grade'li tümörler gözlenir ve bu tümörler yavaş büyüme eğilimindedir. Tedavide cerrahi tercih edilir. KT'den fayda görmezler (4, 66).

Osteosarkom ise larenks iskeletinden değil endolaringeal yumuşak dokudan köken alır. Çok ender gözlenir.

Yumuşak Doku Malign Tümörleri

Malign fibröz histiositom larenksin en sık yumuşak doku kökenli karsinomudur. Buna rağmen çok nadirdir. En sık glottik bölgede sesil polipoid ülsere lezyonlar gözlenirler. Tedavide cerrahi tercih edilir (67).

Fibrosarkomlar RT sekonder gelişen son derece nadir tümörlerdir.

Hematolenfoid Malign Tümörler

Larenksin primer non-Hodking lenfoması çok nadirken sekonder laringeal lenfomalar sıklıkla gözlenmektedir. En sık diffüz büyük B hücreli lenfoma tesbit edilmiştir. Genellikle supraglottik bölgede düzgün yüzeyli submukozal kitleler halinde lezyonlar oluştururlar. Tanı için derin biyopsi alınması gerekmektedir. Tedavide RT tercih edilirken dissemine hastalık varlığında KT tedaviye eklenebilmektedir (68).

SONUÇ

Teknolojinin ilerlemesi ile birlikte yeni KT, RT ve cerrahi tedavi modaliteleri ve bunların kombine kullanımı hastalığın eradikasyonu açısından umut vadetmektedir. Ancak LK insidansındaki azalmaya paralel mortalitesinde bir azalma gözlenmemiştir. Tedavide hastalığın histopatolojik tanısının erken ve doğru konulması, hastalığın evresi, hastanın beklentileri ve tedavi merkezlerinin olanakları göz önüne alınarak olguya en uygun tedavi modalitesinin seçilmesi kritik öneme sahiptir.

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