BÖLÜM 11

HİPOFARİNKS KANSERLERİNE YAKLAŞIM

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GİRİŞ

Hipofarinks, üst aerodigestif sistemin orofarenksten sonraki kısmıdır. Aerodigestif sistem, laringeal yapı ile alt solunum yollarına özofagus ile sindirim sistemine geçiş yapar. Hipofarinks, laringeal çatı ile beraber bu fizyolojik ayrışmayı sağlar. Orofarinks ile özofagus arasında, laringeal çatı dışında kalan alan hipofarinks olarak adlandırılır. Bu bölgenin malignitelerinden en sık skuamöz hücreli karsinom görülür, bazaloid skuamöz hücreli karsinom, iğsi hücreli karsinom ve minör tükrük bezi karsinomu da görülebilen diğer kanser histopatolojik alt tipleridir. Hastalar solunum zorluğu ve disfaji gibi uyarıcı şikayetlerle doktora başvurduğunda genellikle ileri evre haline dönüşmüş olur ve prognozu genellikle kötüdür. Tanı anında en az %65'i bölgesel lenf nodlarına yayılım gösterir (1-5).

Disfaji, odinofaji, sekonder otalji, dispne, globus hissi, boğaz ağrısı, kilo kaybı, ses kısıklığı ve boyunda kitle en sık doktora başvuru sebepleri arasındadır. Şüphe durumunda endoskopik muayene ve erken tanı, tedaviyi yönlendirmede en önemli faktörlerdir. Erken evre ve ileri evre hipofarinks kanserlerinin tanı ve tedavisi bu bölüm içeriğinde tartışılacaktır.

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Erken evre tümörlerde temel olarak RT ve organ koruyucu cerrahiler ile kısmen sağlanabilmektedir, ileri evre tümörlerde organ korunması her zaman mümkün olmamaktadır. İleri evrelerde öncelikle organ koruyucu multimodal protokollerin planlanması, gereklilik halinde salvaj müdahaleler düşünmek gerekir. Hipofarinks kanserli hastaların multidisipliner bir ekip tarafından takip ve tedavisi hastalara optimum sonuç vereceği her zaman akılda tutulmalıdır.

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