BÖLÜM 21

VESTİBÜLER SCHWANNOM YAKLAŞIM

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GİRİŞ

Vestibüler schwannomalar (VS) yaklaşık 100.000'de 1 görülerek (1), tüm intrakraniyel tümörlerin %6-8'ini, serebellopontin köşe (SPK) tümörlerinin ise %80'nini oluşturmaktadır. SPK tümörlerinin en sık rastlanılanı olan VS'lar, vestibülokoklear sinirin schwann hücrelerinden türetilen iyi huylu tümörler olup internal akustik kanal (İAK) içinde kalır veya SPK'ye doğru uzanım gösterirler. Semptomları daha çok posterior fossa yapıları, beyin sapı ve bitişik kraniyel sinirlere bası sonucu ortaya çıkmaktadır (2). Tümör boyutunu İAK dışına yayılım ve beyin sapı kompresyonuna göre sınıflandırmak için yaygın olarak Koos evrelemesi kullanılmaktadır (3). Daha çok tek taraflı ve sporadik olup yaşamın 4. ve 6. dekatları arasında görülen VS'lar (4), çift taraflı olduğu zaman Nörofibramatozis tip 2 (NF2) ile ilişkilendirilir (5). Bu tümörlerin saptanması, karekterizasyonun belirlenmesi ve yönetiminde görüntüleme yöntemleri anahtar rol oynamaktadır (6). VS'ların mevcut tedavi seçenekleri arasında cerrahi rezeksiyon, stereotaktik radyocerrahi ve takip yer almaktadır (2). Biyolojik tedaviler umut verici olmakta ve gelecek bilimsel araştırmaları farmakolojik tedavi yöntemlerine yöneltmektedir (7).

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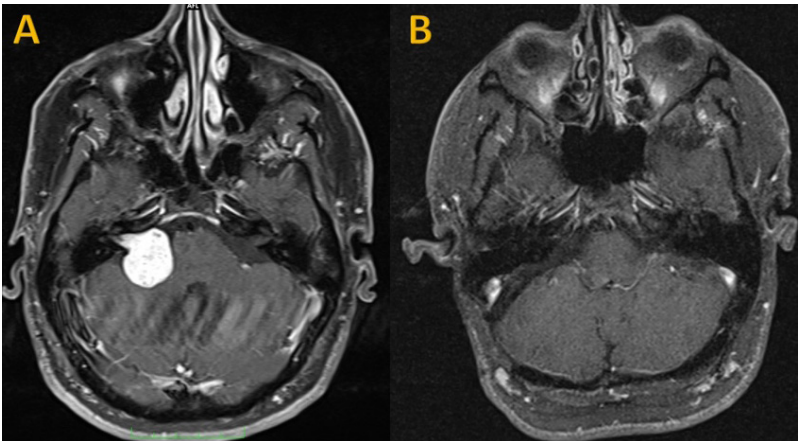

Şekil 4. Sağ SPK'de 3 cm'lik VS'un post-op 3. yılda kontrol MRG'si

Primer cerrahi riskler, tümör boyutu ile doğru orantılı olup çoğu zaman postoperatif işitme ve fasiyal sinir fonksiyonu ile ilgilidir (90,94). Küçük tümörlü (<1.5 cm çapında) hastalarda işitme %40 ila %70 arasında korunurken, kalıcı fasiyal parezi %10'dan daha az görülmektedir (69,94). Büyük tümörlerde (>2,5 cm çapında) ise ameliyat sonrası işitmeyi koruma olasılığı %5'ten az olup kalıcı kısmi veya tam fasiyal sinir felci riski total rezeksiyon sonrası yaklaşık %50'dir (94-96). Ameliyat sonrası rezidüel tümörün büyüme riski geride kalan hacimle orantılıdır (74). Genel olarak, tümörlerin yaklaşık %30'u subtotal tümör rezeksiyonu sonrasında bir dereceye kadar yeniden büyür ve genellikle radyocerrahi ile tedavi edilir (74,97). Perioperatif inme ve diğer bölgesel kraniyal kalıcı sinir yaralanmaları gibi diğer majör nörovasküler komplikasyonlar ise büyük tümörlerde bile nadirdir (70).

SONUÇ

Yayınlanmış veriler, VS cerrahisi konusunda daha deneyimli merkezlerin daha kısa hastanede kalış süresi ve daha düşük maliyetle üstün kısa vadeli sonuçlara sahip olduğunu göstermektedir (98,99).

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