

# BÖLÜM 26

## BAŞ-BOYUN KEMİK SARKOMLARI



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### GİRİŞ

Sarkomlar, mezenkimal dokudan köken alan, nadir rastlanan ve içinde çok çeşitli tümörlerin olduğu bir malignite grubunu temsil eder. Sarkomlar, pediatrik popülasyon dışında baş ve boyun bölgesinde primer maligniteler olarak genellikle karşımıza çıkmazlar. Baş ve boyun sarkomları (BBS), tüm baş-boyun kanserlerinin sadece %1'ine tekabül eder (1), ancak önemli bir morbidite ve mortalite kaynağı olması sebebiyle baş-boyun cerrahlarına zorluk oluşturmaya devam etmektedir. Çoğu çalışmada, BBS tüm yetişkin sarkom vakalarının %5-15'ini temsil etmektedir (2,3). Ancak pediatrik yaşta tüm sarkomların %35'i baş ve boyunda ortaya çıkar (4,5). BBS'ler, türetildiği mezenkimal hücrelere bağlı olarak kemik-kıkırdak veya yumuşak doku elemanlarından kaynaklanabilir ve yumuşak doku orijinli olanlar kemik-kıkırdak orijinlilere göre 4 kat daha fazla görülür (1).

Bu bölümün ilerleyen kısımlarında baş ve boyunda görülen kemik sarkomlarının semptomatolojisi, muayene bulguları, görüntüleme teknikleri ve tanı metodları ile ilgili bilgiler verilecek ardından en sık görülen baş-boyun kemik sarkomları (osteosarkom, kondrosarkom, ewing sarkom, kordoma) hakkında daha spesifik bilgiler sunulacaktır.

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görülme eğilimindedir (56). Ayırıcı tanıda; KS, meningioma, miyoepitelyoma/miyoepitelyal karsinom, glioma, metastatik karsinomlar düşünülmelidir. Kordomalar için birincil tedavi yöntemi tipik olarak cerrahi rezeksiyon ve ardından adjuvan RT'den oluşur (56). Klasik olarak kordomalar KT'ye duyarlı değildir. EGFR inhibitörlerinin yanı sıra imatinibin etkinliğini değerlendiren çalışmalar, özellikle lokal olarak ilerlemiş ve metastatik kordomada umut vericidir (57, 58).

Baş ve boyun bölgesinde yukarıda anlatılan kemik sarkomlarının dışında fibrosarkoma, epiteloid hemanjiyotelyoma, anjiosarkoma, kemiğin malign dev hücreli tümörü, undiferansiye pleomorfik sarkoma, kemik metastazları görülebilir (59).

## SONUÇ

Baş ve boyun kemik sarkomları çok nadir görülen ve kulak burun boğaz hekimleri için yönetimi zor olan tümörlerdir. En sık görülen histopatolojik alt tip osteosarkomdur. Hangi kemik sarkomu olursa olsun primer tedavi yöntemi cerrahidir bunu RT ve/veya KT takip edebilir. Baş ve boyun kemik sarkomları için tedavi başarısızlığının klasik belirleyicileri büyük tümör boyutu, yüksek gradeli histoloji ve pozitif cerrahi sınırlardır.

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