BÖLÜM 28

MEDÜLLER TİROİD KANSERİNE YAKLAŞIM

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GİRİŞ

Medüller tiroid kanseri (MTK), tiroid parafolliküler C hücrelerinden köken alan bir nöroendokrin tümördür. Medüller tiroid kanseri gerek klinik gerekse tanı-tedavi açısından, iyi diferansiye (folliküler hücrelerden köken alan) tiroid kanserlerinden farklı özelliklere sahiptir.

MTK yönetimi, endokrinoloji, onkoloji, patoloji, kulak burun boğaz uzmanı ya da endokrin cerrahi uzmanının yer aldığı bir ekiple, multidisipliner yaklaşım gerektirir.

Bu bölümde en güncel kaynaklar eşliğinde medüller tiroid karsinomu hakkında bilgi aktarımı yapılacaktır.

EPİDEMİYOLOJİ

Parafolliküler C hücrelerinden köken alan medüller tiroid karsinomu, tüm tiroid karsinomlarının %5'inden daha az kısmını oluşturur (1). Sporadik ve herediter olmak üzere iki farklı şekilde görülebilir. Herediter grupta yer alanlar Multiple Endokrin Neoplazi Tip 2 (MEN 2) veya Ailesel Medüller Tiroid karsinomu ile ilişkilidir ve otozomal dominant geçişlidir.

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ve tedavi süreci multidisipliner yaklaşım gerektirir. Görülme sıklığı az olduğu için yapılan çalışma sayısı ve yapılmış çalışmalardaki hasta sayıları sınırlı sayıdadır. Herediter olan MTK hastalarında aile bireylerinin de takibi önemlidir ve kılavuzlar ışığında periyodik takipler ve gerekli ise cerrahi müdahaleler planlanmalıdır.

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