

BÖLÜM 30

BOYNUN PRIMERİ BİLİNMEYEN METASTATİK KANSERLERİ



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GİRİŞ

Primeri bilinmeyen kanser (PBK), kapsamlı bir klinik muayene, radyolojik tetkikler ve metastaza neden olabilecek olası şüpheli bölgelerden alınan biyopsilere rağmen primer odağın tespit edilemediği malign metastatik kanserler için kullanılan bir tanımlamadır (1). Boynun primeri bilinmeyen metastatik kanserleri (BPBMK) tüm baş boyun tümörlerinin %1-5'ini oluşturmaktadır (2). Nedeni tam olarak bilinmemekle birlikte primer tümörün submukozal yerleşimi veya mikroskobik düzeydeki bir tümörün metastaz yapmış olabileceği düşünülmektedir. Primer, sıklıkla baş boyun bölgesindeki herhangi bir alan olmakla birlikte, akciğerler, gastrointestinal sistem ve subklavikuler alandaki diğer organ malignitelerinden de kaynaklanabilir (3, 4). En sık rastlanan primer odak palatin tonsil epitelinin kriptası, dil kökü veya lingual tonsiller olmak üzere orofarinkstir, ayrıca nazofarinks ve piriform sinüsler de diğer sık primer odaklardır (1). Sıklıkla 60-70 yaşındaki erkek hastalarda, tek taraflı ve özellikle düzey II ve III'de yerleşmiş bir lenf nodu ile karakterizedir (5, 6). Ayrıca hastalığın agresif seyrettiği ve ortalama yaşam süresinin 4-12 ay olduğu bildirilmektedir (7). Histolojik olarak %53-77'ünü skuamöz hücreli karsinom (SHK) oluşturmakta ve bunu adenokar-

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- c. Boyun diseksiyonu+adjuvan radyoterapi
 - d. Boyun diseksiyonu+kemoradyoterapi ()
 - e. Definitif kemoradyoterapi
10. Tanısal endoskopik cerrahilerden hangisinin morbidite yaratma potansiyeli diğerlerinden yüksektir?
- a. İpsilateral palatin tonsillektomi
 - b. İpsilateral palatin ve lingual tonsillektomi
 - c. Bilateral palatin ve lingual tonsillektomi
 - d. Bilateral tonsillektomi
 - e. Bilateral lingual tonsillektomi

CEVAPLAR

1. Primer tümörün submukozal yerleşimi veya mikroskopik düzeydeki bir tümörün metastaz yapmış olabileceği düşünülmektedir.
2. Tiroglobulin, p16 proteini, EBV
3. Boyutu, sayısı, tek taraflı/bilateral oluşu, ektranodal yayılım varlığı
4. Palatin tonsiller, lingual tonsiller, dil kökü, nazofarenks, hipofarenks, larenks
5. Tek taraflı, küçük hacimli ve ektranodal yayılıma dair kanıt bulunmayan lenf nodu varlığında veya ektranodal yayılımı olmayan, küçük hacimli bilateral boyun hastalığında yapılabilir.
6. C şıkkı
7. B şıkkı
8. E şıkkı
9. D şıkkı
10. C şıkkı

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