BÖLÜM 33

BAŞ BOYUN KANSERLERİNDE BOYUNA YAKLAŞIM

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GİRİŞ

Baş, boyun ve yüz bölgesinin lenfatik sistemi oldukça gelişmiştir, tüm baş, boyun, yüz bölgesinde yaklaşık 250-300 adet lenf nodu bulunmaktadır. Bu lenf nodları yüz cildi, saçlı deri, burun, paranazal sinüsler, aurikula ve dış kulak yolu, üst aerodigestif sisteme ait organlar, majör ve minör tükrük bezlerinin lenf drenajını sağlar. Baş ve boyundaki lenf nodları, yüzeyel ve derin lenf nodları olmak üzere ikiye ayrılır. Yüzeyel lenf nodlarının tamamı, derin boyun fasyasının yüzeyel yaprağının üzerinde yer alır ve yüzden başlayarak mandibula kenarı çevresine dizilirler ve posteriora uzanarak bir yarım ay çizecek şekilde baş boyun bölgesine yerleşirler. Oksipital, mastoid, pre-aurikuler, periparotid, yüzeyel servikal ve fasiyal lenf nodları temel yüzeyel lenf nodu gruplarıdır. Esas olarak yüz cildi, dudak, saçlı derinin lenfatik drenajını yaparlar. Yüzeyel lenf nodlarının tamamı en sonunda derin boyun lenf nodlarına drene olurlar. Alt dudak kanserlerinde fasiyal çentik lenf nodları, yüz cildi kanserlerinde ise periparotid lenf nodları klinik olarak oldukça önemli yüzeyel lenf nodlarıdır (1).

Derin lenf nodları, derin boyun fasyasının yüzeyel yaprağı ile derin yaprağı arasında vertikal olarak yerleşimlidirler. Submental, submandibuler, lateral ve

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(de-intensification) üzerine yoğunlaşmıştır (77). NCCN kılavuzunda HPV ilişkili OFSCC'de T1-2 N0 kanserde tedavi seçeneği olarak definitif RT veya primer tümör rezeksiyonu + ipsilateral/bilateral selektif BD veya klinik çalışma önerilmektedir (26). HPV ilişkili OFSCC T0-2 N1 tümörlerden itibaren cerrahi dışı tedavide KRT seçeneği başlamakta ve tümör evresi büyüdükçe indüksiyon KT ile başlanması seçeneği de yer almaktadır (26). Orofarinksin yoğun lenfatik ağı nedeniyle erken evrede bile okkült metastaz olasılığı yüksek olduğu için boynun elektif tedavisi önerilmektedir.

HPV İlişkisiz OFSCC'de KRT'nin kötü lokal-bölgesel kontrol ile ilişkili olduğu bilinmektedir (78). Ancak HPV ilişkisiz OFSCC'de NCCN kılavuzlarında KRT de tedavide seçenek olarak önerilmektedir (26). Cerrahi seçeneklerde, erken evrede transoral robotik cerrahi (TORS)+elektif ipsilateral/bilateral BD sıklıkla tercih edilen yaklaşım iken, lokal ileri evrelerde açık cerrahi+ elektif/terapotik BD + bölgesel veya serbest flep ile onarım tercih edilmektedir. NCCN kılavuzunda, HPV ilişkisiz OFSCC'de cerrahi tedavilerde tonsil hariç diğer orofarinks alt bölümlerinde bilateral BD'nin düşünülmesi gerektiği belirtilmiştir (26). Günümüzde sıklığı yükselen HPV ilişkili OFSCC'de okkült nodal hastalık oranı kesin olarak bilinmemektedir (79). OFSCC'nin HPV ile ilişkisinin tam olarak ortaya konulmadığı dönemlerde yapılan çalışmalarda, OFSCC'de boyun okkült metastaz oranlarının %30 civarında bulunması nedeniyle, erken evrelerde bile boynun elektif tedavisi önerilmektedir (4). Okkült metastaz, okkült ekstranodal uzanım, birden fazla N+ lenf nodu, aşikar ekstranodal uzanım saptanması sonrasında adjuvan tedavi (RT, KRT) verilmelidir. Nüks veya tedavi sonrası persistan lenf nodu varlığında, kurtarma BD yapılmalıdır.

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