BÖLÜM 29

JİNEKOLOJİK ONKOLOJİDE FERTİLİTE KORUYUCU CERRAHİ

Serkan AKIŞ [1]

GİRİŞ

Jinekolojik kanserlerin tedavisinde uygulanan standart cerrahi prosedürler genel olarak hastaların üreme yeteneklerini sonlandırmakta ve hastaları cerrahi menopoza sokmaktadır. Oysa servikal kanserlerin %36.5'i, endometrial kanserlerin % 6.5'i ve over kanserlerinin % 7'si 45 yaşın altında tanı almaktadır (1). Bu nedenle jinekolojik kanser teşhisi almış çocuk doğurma arzusu içindeki genç hastaların tedavileri planlanırken, çok önemli kararlar ile karşılaşılmaktadır.

Son 20 yılda yapılan çalışmalar ışığında, erken evre jinekolojik kanserli hastalarda fertiliteyi korumaya yönelik tedavi seçenekleri dikkatli bir şekilde uygulanmaya başlanmıştır (2,3). Hangi hastaların fertilite koruyucu tedaviler için uygun aday olduğunun belirlenmesi oldukça önemlidir. Ayrıca, tedavi aşamalarının ve başarı şansını artırabilecek her türlü tıbbi müdahalenin jinekolojik onkoloji, üreme endokrinolojisi ve infertilite uzmanlarının yer aldığı multidisipliner bir ortamda planlanması başarı şansını artırabilir. Fertilite koruyucu tedavilerin ve bu konuyu inceleyen çalışmaların ortak hedefi; toplam ve hastalıksız sağkalımdan ödün vermeden uygun cerrahi teknikleri ve adjuvan tedavi uygulamalarını literatüre kazandırmak olmalıdır. Gelişen üreme teknolojileri, genç jinekolojik kanserli hastaların çocuk sahibi olmalarındaki başarıya odaklanmalıdır. Bu bölümde serviks, endometrium ve over kanserleri için fertilite koruyucu cerrahilere güncel yaklaşımı tartışacağız.

1. SERVİKS KANSERİ

Serviks kanseri, tüm dünyada kadınlarda görülen en sık 4. kanser türüdür (4). Özellikle 35 ile 49 yaşları arasında insidansı yüksektir (5,6). Hastaların yaklaşık %60'ı lokal hastalık döneminde tanı almaktadır (7). Ancak, çocuk doğurma arzusu içinde bulunan hastalardan hangilerine fertilite koruyucu cerrahi uygulanacağı özenle seçilmelidir.

Hastanın yaşı, hastalığın FIGO evresi, histopatoloji sonuçları göz önünde bulundurulmalı, yapılmışsa manyetik rezonans (MR) görüntüleme ve tanısal eksizyonel biyopsi sonuçları ayrıntılı değerlendirilmelidir. Mümkünse 40 yaşın altında (üst sınır 45 yaş), adenokarsinom veya

[1] Op. Dr., Adıyaman Üniversitesi Eğitim ve Araştırma Hastanesi, Jinekolojik Onkoloji Bölümü, serkanakis67@hotmail.com

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