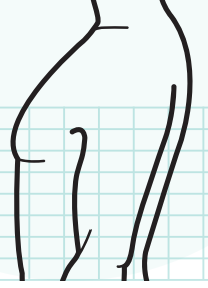


BÖLÜM 14

Akciğerin Benign Tümörleri



Hıdır ESME¹

Ferdane Melike DURAN²

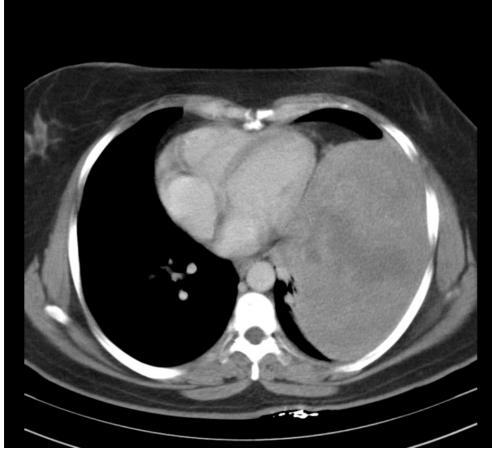
Giriş

Akciğerin benign tümörleri tüm akciğer tümörlerinin yaklaşık %1'ini oluşturur. Dünya Sağlık Örgütü tarafından yapılan ve 2015 yılında güncellenen benign akciğer tümörleri sınıflaması, klinik özelliklerden çok patolojik özelliklere dayalı bir sınıflamadır (1). Bu sınıflama Tablo 1'de gösterilmiştir. Akciğerin benign tümörleri akciğer içerisinde bulunan tüm hücrelerden köken alabilirler. Parankimal veya endobronşial yerleşimli olabilirler. Akciğerin benign tümörlerinin çoğu, başka nedenlerle çekilen göğüs radyografilerinde veya bilgisayarlı tomografi (BT) taramalarında tesadüfen görülen soliter pulmoner nodüller olarak ortaya çıkar. Hastaların çoğu asemptomatiktir. Ara sıra hastalar hava yolu obstrüksiyonu, hemoptizi veya çevredeki yapılara bası belirtileri ile başvururlar. Bazı has-

talarda, görüntüleme verileri ve transtorasik veya endoskopik biyopsi kombinasyonu kullanılarak preoperatif tanı mümkün olabilir. Bununla birlikte, çoğu durumda, tanı ancak malignite olasılığının dışlanamadığı lezyonun cerrahi olarak çıkarılmasından sonra ortaya konur (2,3). Soliter pulmoner nodüllerde cerrahi kararı kompleks olmakla birlikte malignite hikayesi, lezyonun radyolojik özellikleri ve klinik risk faktörlerinin analizine dayanır (Resim 1). Akciğerin benign tümörleri akciğerde mevcut olan tüm hücre tiplerinden köken alabilir. Bu tümörlerin histogenezi değişken olduğu gibi, klinik özellikleri, görüntülenme özellikleri, davranışları ve tedavileri de farklıdır (4). Saptanan benign tümörlerin yaklaşık 2/3'ü pulmoner hamartomlardır, bunu inflamatuvar myofibroblastik tümör ve sklerozan pnömositom takip etmektedir (5). Bu bölümde akciğerde sık görülen benign tümörler anlatılacaktır.

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Resim 8. Soliter fibröz tümör. Paryetal plevra kaynaklı, düzgün sınırlı, göğüs duvarına geniş tabanlı oturan lezyon

Çoğu plevral ve intrapulmoner soliter fibröz tümör yavaş büyür ve komplet cerrahi eksizyonla küratif tedavi edilir. Hastaların yaklaşık %10'unda, özellikle de inkomplet cerrahi rezeksiyon geçirenlerde veya histolojik olarak malign olanlarda daha agresif bir seyir görülür.

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