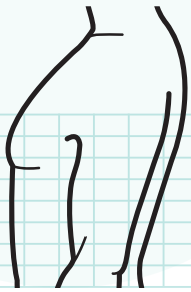
BÖLÜM 30

Göğüs Duvarı Tümörleri ve Rekonstrüksiyonu



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Giriş

Göğüs duvar tümörü tanımı; primer tümörleri, komşu tümörlerin lokal yayılımını (akciğer, mediastinum, plevra, meme) ve metastatik tümörleri kapsamaktadır. Göğüs duvarı tümörleri; göğüs kafesini oluşturan yumuşak doku, kaburga, sternum, skapula ve klavikulanın dahil olduğu kemik veya kıkırdak dokulardan köken alır. Rezeke edilmiş göğüs duvarı tümörlerinin en geniş serilerinde, göğüs duvar tümörlerinin %40'ı akciğer kanserinin direkt invazyonu, %10-20'si meme kanserinin direkt invazyonu ve %30'u göğüs duvarının primer tümöründen kaynaklandığı görülmüştür (1-3).

Göğüs duvarının primer tümörleri yaygın olmayıp toraks neoplazmlarının yaklaşık %5'ine ve tüm primer tümörlerin %1-2'sine tekabül etmektedir (4). Primer göğüs duvarı tümörlerinde, benign tümör oranı %21'den %67'ye kadar değişkenlik göstermektedir. En sık rastlanan benign lezyonlar; osteokondrom, kondrom ve fibröz displazidir (1,3,5-7). Bununla birlikte, Mayo Klinik Serileri'nde desmoidler benign olarak değerlendirilmekte ve en yaygın benign lezyonların nörilemmoma, desmoid tümör (agresif fibromatozis, desmoid tip fibromatozis) ve kondrom olduğu bildirilmektedir (7). Desmoid tümörler, sıklıkla göğüs duvarında yüksek rekürrens oranlarıyla; düşük dereceli malignensiler olarak kabul edilmektedir. Değişik serilerde en yaygın primer malign lezyonlar; indiferansiye pleomorfik sarkom (eski isimlendirme ile malign fibröz histiyositom), kondrosarkom ve liposarkomdur (3,5-7). Sternum, skapula ve klavikulanın primer lezyonları yaygın değildir, fakat hemen hemen hepsi maligndir. Göğüs duvarının primer malign tümörleri, önceden radyasyon uygulanmış sahadan da

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lokal flepleri içerenlerden daha komplekstir ve birçok vakada daha uzun operasyon süresi ve iyileşme zamanına ihtiyaç duyarlar. Göğüs duvarı rekonstrüksiyonunda yaygın kullanılan yumuşak doku serbest flepleri; tensör fasya lata flebi, anterolateral uyluk flebi ve rektus kasıdır. Tensör fasya lata flebi, tam kat defektlerde yarı sert fiksasyonu ya da yarı sert yapıların yerine kullanılabilen vaskülarize fasyayı temin eder. Anterolateral uyluk flebi hastaların uyluğundan çıkartılan çok yönlü bir fleptir. Flep çok yönlü olup; fasyokutanöz flep olarak, yalnız fasya olarak ya da musküлokutanöz flep olarak çıkartılabilir ve göğüs duvarı defektlerinin, değişik derecede cilt defektlerinin, intratorasik yapıların ve iskeletin maruz kaldığı kompleks defektlerin rekonstrüksiyonu için kullanılabilir.

Son Söz

Göğüs duvarı tümörleri, son derece heterojen bir profil gösterir ve göğüs cerrahına birçok zorluklar sunar. Birçok hastada cerrahi rezeksiyon tedavinin temeli iken; yönetim, defektin histolojik profiline bağlı olarak son derece değişkendir. Farklı tedavi seçeneklerinin mümkün olduğunu ve uygun multidisipliner branşların dahil edildiği bu geniş spektrumu anlamak, göğüs cerrahı için kaçınılmaz olmuştur. Cerrahi rezeksiyon planlanırken, uygun cerrahi sınırların belirlenmesi için patologla iletişim, kritik öneme haizdir. Göğüs duvarının rekonstrüksiyonu da diğer bir zorluk olarak karşımıza çıkar ve rezeksiyonla uyum içinde planlanmalıdır. Göğüs cerrahları, mevcut rekonstrüktif materyal ve metotların çeşitliliği hakkında bilgi sahibi olmalıdır. Rekonstrüksiyon multidisipliner yaklaşım içinde olmalı; gereğinde plastik cerrah ve beyin cerrahı da sürece dahil edilmelidir.

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