Bölüm
13

NÖROENDOKRİN TÜMÖRLER VE NÜKLEER TIP

Burçak YILMAZ[14]

GİRİŞ

Nöroendoktin tümörler (NET) vücudumuzda dağınık yerleşimli nöroendokrin hücrelerden kaynaklanan ve oldukça nadir görülen tümörlerdir (1). 'Nöroendokrin' terimi bu hücrelerin nörohormon, nörotransmiter veya nöromodülatör sentezlemesi, depolaması ve salgılamasını ifade etmektedir (2). Nöroendokrin sistem üç ana bölümden oluşmaktadır: (i) Santral veya periferal sinir sistemindeki nöronlar, (ii) Epitelyal endokrin hücreler (Gastrointestinal ve solunum sisteminde, tiroid glandında, timusta, deride, meme dokusunda, larenks, böbrek, mesane, prostat galndı ve pankreasta yerleşimli), (iii) hipofiz bezi, paratiroid glandı ve sürrenal glandlar gibi endokrin organlar (3) . Nöroendokrin hücreler özelliklerine göre gastrin, insulin, serotonin, glukagon, pankreatik polipeptid, prolaktin, TSH ve hatta FSH gibi pek çok spesifik hormon salgılamaktadır. NET hücrelerinden özel ve genel belirteçler salgılanabilmektedir. Nöron spesifik enolaz (NSE), kromogranin ve sinaptofizin genel belirteçlere örnek olup hemen tüm nöroendokrin hücrelerde bulunmaktadır. Tümör hücreleri tarafından üretilen amin veya hormonlar da özel belirteçlerdir ve bu hastalarda görülebilen paraneoplastik sendromlardan sorumludurlar (4).

NET insidansı yıllık yaklaşık 1-2 vaka/100000 olarak bildirilmektedir. NET'ler çoğunlukla sporadik görülür fakat nadiren multipl endokrin neoplazi tip 1 ve tip 2 (MEN1 ve MEN2) gibi herediter sendromlarla da görülebilirler. En sık görülen grup solunum sistemi kaynaklı NET'ler ve bunlar arasında da küçük hücreli akciğer kanseri (KHAK)' dir. Bu grubu gastrointestinal sistem ve sonrasında da diğer sistemler takip etmektedir. NET'ler hormonal sekresyon durumuna göre fonksiyone ve non-fonksiyone olarak gruplandırılmaktadır (1).

[14] Uzm. Dr., Sağlık Bilimleri Üniversitesi, İstanbul Eğitim ve Araştırma Hastanesi, Nükleer Tıp Kliniği, İstanbul, Türkiye; drburcak@gmail.com

sintigrafisi pozitif metastatik NET'li hastalarda da I-131 MIBG tedavi seçeneği akılda tutulmalıdır. Bunlar dışında NET'lerin karaciğer metastazlarında lokal tedavi seçeneği olan TARE de önemli bir güncel tedavi seçeneğidir.

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