

BÖLÜM 4

TİMİK TÜMÖRLER

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GİRİŞ

Timüs bezi ön mediastende yerleşik iki lobdan oluşan, T lenfositlerin gelişiminde rol alan lenfoepitelyal bir organdır (1). Timoma ve timik karsinom timüs bezinin epitelyal tümörleri (TET) olarak adlandırılır. TET'ler mediastinal kitlelerin yaklaşık %20-50'sini oluşturur (2, 3). Erişkinlerde anterior mediasteninin en sık görülen tümörleridir (4). Timik karsinomlar timomaya göre daha nadir görülen agresif tümörlerdir. Toraks dışında, kardiyak ve mediastende azda olsa görülebilirler (5). Tüm TET'lerin metastaz yapma potansiyeli vardır (6). Plevra ve akciğer sıklıkla metastaz yaptıkları bölgeler olup kemik ve karaciğer metastaz bölgeleri arasında yer alır (7). Etiyoloji belli olmayıp belirgin risk faktörleri tanımlanamamıştır (8). Timomalar otoimmün paraneoplastik hastalıklarlada ilişkilidir (9). Timik karsinomalar timomaya göre daha yüksek atipi gösterirler. Timik karsinomun en yaygın görülen alt tipi skuamöz hücreli karsinomdur (10). Tip A, AB ve B1 timik tümörler sıklıkla erken evrede görülürken, Tip B2, B3 ve Tip C tümörler tanı konduğunda daha ileri evrede görülürler (11). Timik karsinoma Dünya Sağlık Örgütü'nün sınıflamasında Tip C sınıfındadır (12). Timik karsinomların çoğu tanı aşamasında, ileri evrede olup multimodalite tedaviler tercih edilir. Cerrahi, özellikle erken evre hastalık için ana tedavidir. Kemoterapi ve radyasyon tedavisi de dahil olmak üzere multimodalite tedavisi, lokal ileri hastalığı tedavi etmek için kullanılır (13). Progresyon gelişen olgularda ikinci sırada kemoterapi seçenekleri, tirozin kinaz inhibitörleri, hedefe yönelik ilaçlar ve immünoterapi gibi tedavilerle çeşitli oranlarda olumlu sonuçlar elde edilmektedir (14).

İNSİDANS VE MORTALİTE

Malignitelerin yaklaşık %0.2-%1.5'ini oluşturan TET'ler nadir tümörlerdir. Yıllık 100000'de 0.15 oranında görülürler (15). Kadın ve erkekte eşit sıklıkta görülür (16). En sık 40-60 yaş arasında görülmektedir (17). Timomaların 5 yıllık sağka-

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ması yapmak gerekmektedir (87). Everolimusun (mTOR inhibitörü) kullanıldığı çalışmada yüksek stabil yanıt oranları sağlanmıştı ancak artmış pnömonitis riski nedeni ile dikkatli kullanılması önerilmiştir (88).

SONUÇ

Timik tümörlerin erken evrelerinde tedavi mutlak cerrahi olup tümörün tam rezeksiyonu en önemli prognostik faktördür. Timik karsinomda postoperatif radyoterapi erken evre dışında rutin olup timomada cerrahi sonrası risk faktörleri varlığında uygulanabilir. Evre III ve IV timomalarda multimodalite tedavisi uygun bir yaklaşım gibi görünmektedir. İndüksiyon kemoterapisi rezeksiyon için uygun olmayan hastalarda kullanılabilir. İleri evre hastalarda ilk seride hasta tolere edebiliyorsa kombinasyon kemoterapi rejimleri kullanılmalıdır. İkinci sıra tedavide, mTOR inhibitörleri, tirozin kinaz inhibitörleri, immünoterapi ajanları, tek ajan kemoterapi veya kombinasyon kemoterapi rejimleri hasta performansı ve kullanılacak tedavilerin yan etki profilleri değerlendirilerek kullanılabilir.

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