

BÖLÜM 8

PARATİROID TÜMÖRLERİ

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GİRİŞ

Paratiroid tümörleri çoğu zaman iyi huylu olmakla birlikte çoğunlukla hastalarda paratiroid hormon üretimine dayalı belirtilere ve semptomlara neden olurlar. Tipik olarak hastalarda hiperkalsemi, hipofosfatemi, hiperkalsiüri ve artmış parathormon(PTH) seviyeleri bulunur. Tüm hiperkalsemi nedenleri arasında hiperparatiroidizm ve maligniteye bağlı hiperkalsemi en sık görülenlerdir. Primer hiperparatiroidizme neden olan hormonal aktivite, paratiroid bezlerinin adenomları, hiperplazileri, kistleri sonucu da meydana gelebilmektedir.

PARATİROID KİSTLERİ

Paratiroid kistleri son derece nadir görülürler ve köken aldıkları hücreler tartışma konusudur. Literatürde 300'den fazla vaka bildirilmiştir (1). Bunlar ya işlevsel, hiperparatiroidizme neden olan ya da ökalsemik hastalarda işlevsel olmayan lezyonlar olarak tanımlanmıştır.

Klinik

Bir paratiroid kisti asemptomatik boyun kitlesi olarak ortaya çıkabilir veya yapılan boyun cerrahisi veya görüntüleme prosedürleri (karotis ultrasonografi, boyun bilgisayarlı tomografi (BT), manyetik rezonans görüntüleme (MRI), göğüs radyografisi) sırasında insidental olarak keşfedilebilirler. Pediatric vakalarla da nadiren karşılaşmasına rağmen, daha sıklıkla yaşamın dördüncü ve beşinci dekatında ortaya çıkarlar (2). Radyoaktif görüntüleme çalışmaları uygulandığında radyoiyot veya teknesium tutulumu yapmazlar ve bu nedenle tiroid radyonüklid taramalarında “soğuk” nodüller olarak görünürler. MRI, BT ve ultrason lezyonun kistik yapısını gösterebilir.

Lokal semptomlar boyundaki büyülük ve yere bağlıdır. Mediastende büyük paratiroid kistleri; dispne, disfaji veya ses kısıklığına neden olabilirken, rekür-

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üç yoldan birini takip ettiği görülmektedir: hastaların üçte biri ilk cerrahi ile iyileşir, üçte biri hastalıksız uzun bir sağ kalımdan sonra nüks eder ancak tekrar ameliyatla tedavi edilebilir ve hastaların üçte biri kısa ve agresif bir seyir gösterir (41). Cerrahi, hem paratiroid karsinomunun başlangıç tedavisi hem de lokal olarak tekrarlayan veya metastatik hastalığın yönetiminde temel tedavi seçenekidir.

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