

BÖLÜM 10

BAŞ-BOYUN ADENOİD KİSTİK KARSİNOMLARI

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GİRİŞ

Adenoid kistik karsinom (AKK), esas olarak tükürük bezlerinden kaynaklanan nadir bir kanserdir. Tüm baş-boyun kanserlerinin %1'ini, tüm malign tükürük bezi tümörlerinin %20'sini ve minör tükürük bezi tümörlerinin %58'ini oluşturur ⁽¹⁾. AKK'nın rapor edilen insidansı 4,5 vaka/100.000 kişi olup hafif kadın baskınlığı (%60) görülmekte ve tanı anında medyan yaş 57'dir ⁽²⁾. Yavaş fakat agresif bir klinik seyir, patolojide perinöral invazyon varlığı, sık lokal nüks ve yüksek oranda görülen geç dönemde uzak metastaz ile karakterizedir ⁽³⁾. Tükürük bezleri en sık görüldüğü bölge olmakla birlikte lakrimal bezler, meme, uterus, serviks, prostat gibi sekretuar bezlerin bulunduğu organlardan da kaynaklanabilir ⁽⁴⁾.

AKK, ilk olarak üç Fransız (Robin, Lorain ve Laboulbene) tarafından 1853 ve 1854'te yayınlanan iki makalede tanımlanmıştır ⁽⁵⁾. Bu tümörün silindirik görünümünü onlar tarif etmiştir. O zamandan beri pek çok makale, 1859'da Billroth'un AKK'yı ilk olarak "clindroma" adı altında tanımladığını belirtmiştir, ancak daha önemlisi AKK'nın "nüks etme konusunda büyük bir eğilimi" olduğunu açıklamıştır. 1930'da Spies, bazal hücreli kutanöz ve nonkutanöz tümörlerden bahsederken Adenoid Kistik Karsinom terimini kullanmıştır ⁽⁶⁾.

Günümüzde bile AKK tedavi edilmesi son derece zor bir hastalık olarak kabul edilmektedir. Conley ve Dingman tarafından "biyolojik olarak en yıkıcı ve öngöremeyen baş ve boyun tümörlerinden biri" olarak tanımlanmıştır ⁽⁷⁾. Bir hasta yeterince uzun yaşarsa, oldukça yüksek oranda, neredeyse kaçınılmaz bir şekilde nüksetme eğilimi vardır ve bu durum radikal eksizyon yapıldığında bile ortaya çıkar ⁽⁸⁾. Geçmişte, radikal veya daha da agresif cerrahi küratif amaçla savunulmuştur, ancak yavaş yavaş bunun sağkalımı iyileştirmeyeceği ve daha konservatif cerrahi yaklaşım ve postoperatif radyoterapi ile karşılaştırıldığında lokal nüks oranlarını bile azaltmadığı ortaya çıkmıştır ⁽⁹⁻¹¹⁾.

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sebebiyle immünoterapi ilaçlarının etkinliği sınırlı kalmakla birlikte yeni ajanlar test edilemeye devam etmekte ve kombinasyon tedavileri ile ilgili çalışmalar sürmektedir.

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