

BÖLÜM 19

ANAL KANSERLER

Dođan BAYRAM¹

GENEL BİLGİLER

Epidemiyolojik Veriler

Anal kanserler nadir olup, tüm gastrointestinal malignitelerin yaklaşık %3'ünü oluştururlar. Amerika Bileşik Devletleri (ABD)'nde 2021 yılında 9090 (3020 erkek, 6070 kadın) yeni anal kanseri vakası tespit edilmiştir. Yine 2021 yılında ABD'de anal kansere bađlı yaklaşık 1430 ölümün gerçekleştiđi tahmin edilmektedir (1). Genel popülasyonda anal kanser insidansı hem ABD'de hem de tüm dünyada son 30 yıl içinde artış göstermiştir. Skuamöz hücreli anal kanser insidansı 2001-2015 yılları arasında yıllık %2.7'lik bir artış göstermiş olup en büyük artış 50 ve üzeri yaş grubunda izlenmiştir (2).

Anal kanserli hastalarda 1 yıllık sağ kalım oranı yaklaşık %81 iken; 5 yıllık sağ kalım oranı yaklaşık %56'dır. Anal kanser ölüm oranlarında da 2001-2016 yılları arasında yılda ortalama %3.1'lik artış görüldü. Bu artış; 50 ve üzeri yaş grubundaki kadın hastalarda daha belirgindi (2).

Risk Faktörleri

Anal kanserinin risk faktörleri arasında, insan papilloma virüsü (HPV) enfeksiyonu, insan bađışıklık yetmezliđi virüsü (HIV), anal iliřki, cinsel yolla bulařan hastalık öyküsü, servikal, vulvar veya vajinal kanser öyküsü, solid organ transplantasyonu sonrası immünsüpresyon, otoimmün hastalık, sigara yer almaktadır (3).

Danimarka ve İsveç'te yapılan çalışmada anal kanserli hastaların yaklaşık %80'inde HPV tespit edilmiş olup; bunların yaklaşık % 70'inde HPV tip 16 bulunmuştur. HPV tip 18 de anal karsinom için yüksek riskli formdur (4). Servikal intraepitelyal neoplazide olduđu gibi, HPV'nin düşük dereceli displaziden yüksek dereceli displaziye ve nihayetinde invaziv kansere ilerleyebilen anal intraepitelyal neoplaziye neden olduđu gösterilmiştir. Kondom kullanımı HPV enfeksiyonundan korunmada iyi bir seçenektir.

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Anal melanom tedavisi geniş eksizyondur. APR ile geniş eksizyon arasında sağkalım farkı görülmemiştir. Adjuvan kemoterapi ve radyoterapi, hastanın evresine göre önerilir (49).

BAZAL HÜCRELİ KARSİNOM

Anal kanalın bazal hücreli karsinomu (BCC), tüm anal kanserlerin %0,2'sini oluşturur. Bazal hücreli karsinom tipik olarak cildin ultraviyole ışığına maruz kalan bölgelerinde bulunur. Risk faktörleri arasında bazal hücreli nevüs sendromu veya kseroderma pigmentosum, kronik inflamasyon, radyasyon öyküsü, travma veya yanık öyküsü bulunur (50).

Cildin diğer bölgelerinde bulunan BCC'ye benzer şekilde, bu lezyonlar tipik olarak merkezi bir ülserasyon ve kabarık bir inci gibi kenar ile kendini gösterir. Genellikle hemoroid veya anal fissür olarak yanlış teşhis edilirler. Nadiren invazyon veya metastaz yaparlar. Tedavisi sağlam cerrahi sınırlarla geniş eksizyondur (50).

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