

BÖLÜM 27

NADİR MESANE KANSERLERİ VE URAKUS TÜMÖRLERİ

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GİRİŞ

Mesane kanseri, üriner sistemi tutan en yaygın malignitedir. Amerika Birleşik Devletleri ve Avrupa’da mesane kanserlerinin %90’ını üretelyal (transizyonel) kanser oluşturmaktadır (1). Non-üretelyal mesane kanserleri ise tüm mesane kanserlerinin %5’ten daha azını oluşturmaktadır. Non-üretelyal mesane kanserlerinin %90’ı epitel orijinli olan skuamöz hücreli karsinom (SCC), adenokarsinom ve küçük hücreli karsinom oluştururken geri kalanlar ise daha nadir görülen sarkom, karsinosarkom, paraganglioma, lenfoma ve melanom gibi kanserlerdir (2). Mesane kanseri spektrumu, her biri kendine has klinik davranış gösteren, biyolojisi, prognozu ve tedavisi farklılık gösteren; kasa invaziv olmayan (yüzeysel), kasa invaziv ve metastatik hastalıkları içerir.

Mesane kanserli hastalarda klasik başvuru semptomu ağrısız hematüridir; bununla birlikte sık idrara çıkma, idrar kaçırma ve dizüri gibi irritatif işeme semptomları da görülebilmektedir. Tanı ve evreleme için sistoskopi altın standarttır. Non-üretelyal karsinomlar genellikle ileri evrelerde tanı almakta, cerrahiye ek tedavi ihtiyacı doğurmakta ve üretelyal karsinomlara görece prognozu daha kötü seyretmektedir. Urakal tümörler ise istisnai olarak üroteliyal tümörlerden daha iyi prognoza sahiptir (3). Mesanenin nadir görülen bu tümörleri için yeterli klinik çalışma olmadığından net bir tedavi algoritması henüz oluşmamıştır. Ürotelyal olmayan mesane tümörlerinin nadirliği ve heterojenliği nedeniyle bu tümörlerin tedavisine yaklaşım büyük ölçüde retrospektif serilere ve küçük çalışmalara dayanmaktadır. Lokalize hastalık ile başvuran hastalarda primer tedavi yöntemi sistektomidir. Bununla birlikte primer tedavide adjuvant radyoterapi (RT) ve/veya kemoterapi (KT), lokal ileri evre ve metastatik hastalıkta KT, RT ve palyatif bakım seçenekleri yer almaktadır (4)(5).

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yıllık sağkalım oranları kötüdür. Tümörlerin çoğu tanı anında ileri evrede olması nedeniyle daha agresif ve bireysel tedavileri gerektirmektedir. Nadir görülen bu tümörlerle ilgili yeterli sayıda randomize kontrollü çalışma olmadığı için tedavilerinde henüz standart bir yaklaşım yoktur. Büyük merkezli çalışma grupları oluşturulması tedavi algoritmalarının belirlenmesine katkı sağlayacaktır. Mesane tümörleri değerlendirilirken doğru bir yaklaşım için bu nadir görülen tümörleri akılda tutmak gerekir.

KAYNAKLAR

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