BÖLÜM 31

UTERUS SARKOMLARI

Özgecan DÜLGAR[1]

GİRİŞ

Uterus sarkomları, tüm uterin malignitelerinin %8'inden azını oluşturan nadir görülen malign mezenkimal tümörlerdir(1). En sık görülen alt tipleri leiomyosarkom(%63)(LMS) ve endometrial stromal sarkom (%21)(ESS) iken, undiferansiye uterin sarkomlar(%6)(UUS) daha nadir görülür(2). Adenosarkom, rabdomyosarkom ve Pecoma da çok nadiren uterusta görülebilen sarkom alttiplerindendir(2,3). ESS ve LMS saf mezenkimal tümörler olarak sınıflandırılır. Adenosarkom ve karsinosarkom epitelyal ve mezenkimal hücreler içeren heterolog alt tiplerdir. Karsinosarkom, yeni sınıflamalarda endometrial karsinom gibi evrelendirilmekte ve tedavi edilmektedir(2). Sarkom vakalarının çoğunluğu sporadiktir ve özel bir etyolojiye sahip değildirler(4). Fakat uterin sarkomlarda alt tipe özel çok sayıda kromozomal translokasyon tanımlanmıştır(4). Özellikle ESS sitogenetik analiz ile de ayrılabilmektedir.

Uterus sarkomlarının etyolojisi az bilinmekle beraber pelvik bölgeye radyaterapi sonrası gelişen LMS ve karsinosarkom olguları mevcuttur(5). Radyoterapi sonrası, sarkomlar ortalama 17 yılda (3-30 yıl) gelişmekte olup kötü prognoza sahiptir (5). Tamoksifen kullanımı sonrası 1000 kadından 0,17'sinde uterus sarkomu gelişmektedir. Tamoksifen sonrası karsinosarkom baskın histoloji olup ileri evrede tanı alırken adenosarkomlar erken evrede tanı almaktadır(6,7).

Evreleme

Uterus sarkomları 2009 FIGO evreleme sistemine göre evrelendirilmektedir. Evreleme, LMS'ler/endometriyal stromal sarkomlar (ESS'ler) ve adenosarkomlarda farklıdır. Tablo 1'de özetlenmiştir(8).

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Adenosarkom

Uterin adenosarkomlar iyi huylu bir epitelyal bileşene sahipken, stromal bileşen tipik olarak düşük dereceli bir sarkomdur. Vakaların çoğunda sarkomatöz bileşen ESS benzeridir ve vakaların ek %9'unda ESS benzeri hücreler ve fibrosarkom karışımı heterolog olarak mevcuttur(37). Bir çalışmada, uterin adenosarkomun sarkomatöz bileşeni, 20 hastanın 18'inde (%90) östrojen veya progesteronu eksprese ettiği gösterilmiştir(38). Tümör biyolojisindeki benzerlik göz önüne alındığında, tedavi seçenekleri ESS'ye benzer. Sarkomatöz aşırı büyümeye sahip uterin adenosarkom, hormona duyarlı olması muhtemel olmayan agresif bir antitedir.

SONUÇ

Uterin sarkomlar nadirdir ve preoperatif tanı sıklıkla bilinmemektedir. Histerektomi, erken evre uterin leiomyosarkom ve ESS için tedavinin temel taşıdır. Her iki antite için de herhangi bir adjuvan tedavinin (yani radyoterapi, kemoterapi veya hormonoterapi) kanıtlanmış bir faydası yoktur. Hormon reseptörleri, tekrarlayan uterin leiomyosarkomların bir alt grubu için olduğu gibi, metastatik ESS için de en önemli hedeflerdir.

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