30.
BÖLÜM

TİROİD NODÜLLERİ İÇİN GİRİŞİMSEL TEDAVİ YÖNTEMLERİ

Alptuğ ÖZEN[1]

GİRİŞ

Tiroid nodülleri, yetişkin popülasyonda sık karşılaşılan, sonografik incelemelerde görülme sıklığı erkeklerde %30, kadınlarda ise %50 olan bir klinik tablodur (1). Tiroid nodüllerinin bir çoğu benign olmasına rağmen çeşitli bulgu ya da semptomlara neden olabilmektedir. Büyük nodüllerde trakea ya da özofagusa lokal bası bulguları, yutma güçlükleri, ağrı ya da kozmetik yakınmalar görülmektedir. Büyük nodüllerde ciddi basıya bağlı solunum arresti riski bulunmaktadır (2).

Tiroid nodüllerinin tedavi yöntemleri arasında levotiroksin ile medikal tedavi, cerrahi tedavi ve perkütan ablasyon yöntemleri yer almaktadır. Tiroid cerrahisi nodül tedavisinde küratif yöntem olarak öne çıkmaktadır. Ancak cerrahi yöntemin; üst hava yolu obstrüksiyonu, kozmetik problem yaratan skarlar, laringeal sinir hasarı riski, iatrojenik hipotiroidizm, paratiroid gland hasarı, sekonder kanama gibi riskleri bulunmaktadır. Radyoaktif iyot tedavisi cerrahi yönteme alternatif olarak kullanılmakla birlikte bu yöntemde de birçok yan etki görülmektedir. Medikal tedavinin etkinliği ise tartışmalıdır.

Tiroid nodüllerinin tedavisinde cerrahi ve radyoaktif iyot tedavisine alternatif olarak çeşitli minimal invazif yöntemler de efektif olarak kullanılabilmektedir. Bu yöntemler arasında kimyasal ablasyon temeline dayanan perkütan etanol enjeksiyonu ile termal ablasyon yöntemlerinden laser ablasyon, radyofrekans ablasyon ve mikrodalga ablasyon yöntemleri bulunmaktadır (1).

Kimyasal Ablasyon Yöntemleri

Kimyasal ablasyonda, nodül ya da tümör içerisine alkol ya da asetik asit gibi kimyasal ablatif ajanlar verilerek doku nekrozu oluşturulması amaçlanır. Yöntemin termal ablasyon yöntemlerine göre ucuz ve teknik olarak daha kolay uygulanabilir olması avantajlarıdır.

Etanol uygulaması sonrasında doku hasarı iki mekanizma ile oluşur. Öncelikle etanol hücre içerisine diffüze olarak sitoplazma düzeyinde ani dehidratasyona, protein denatürasyonuna ve buna bağlı koagülasyon nekrozuna neden olur. Ayrıca etanol lezyonun lokal dolaşımına ulaşır ve vasküler endotelde nekroz oluşturarak, damar içi tromboza ve iskemik doku nekrozuna neden olur (3).

[1] Uzm. Dr., Mersin Şehir Eğitim ve Araştırma Hastanesi Radyoloji Kliniği, dralptug@gmail.com

Cerrahi işlem riski yüksek olan ya da cerrahi müdahaleyi kabul etmeyen olgularda tiroidektomi yatağında görülen rekürren tiroid kanserleri ve servikal lenf nodlarının küratif ya da palyatif tedavisinde termal ablasyon yöntemleri efektif olarak kullanılabilir (18).

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