

18. BÖLÜM

DUKTOSKOPİNİN TANI VE TEDAVİDEKİ YERİ

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Duktoskopi, patolojik meme başı akıntısı olan hastalarda, meme duktusunun yapısını görsel olarak ortaya koyan minimal invaziv mikroendoskopik bir yöntemdir. İlk kez Teboul'un , ultrason ile desteklediği rijid ve tek lümenli duktal endoskopi uygulamalarını bildirmesi ile ortaya çıkmıştır (1). Ardından 1991 yılında, Okazaki ve arkadaşları tarafından patolojik meme başı akıntısı olan 46 hasta üzerinde yapılan çalışma ile bildirilmiştir (2).

Meme kanserlerinin %95'i epitel kaynaklı olup karsinom olarak tanımlanır. Duktus ve lobül yapısının lümene bakan yüzlerindeki hücre proliferasyonu bazal membranı aşmadığı sürece, in situ karsinom olarak adlandırılır. Bazal membranı aşarak stromal invazyon gösterdiğinde invaziv karsinom olarak adlandırılır (3).

Meme hastalıklarının tanı, tedavi ve takibinde mamografi (MMG), ultrasonografi (USG), Manyetik Rezonans Görüntüleme (MRI) , ve malign hastalıkların takibinde Pozitron Emisyon Tomografisi (PET-CT) sıklıkla tercih edilen görüntüleme yöntemleridir. MMG 40 yaş üzeri kadınlarda tarama amaçlı kullanılmaktadır. İnvaziv meme kanserlerinin %90'ı MMG ile tespit edilebilmektedir (4). Dens meme yapısına sahip hastalarda ve 40 yaşın altındaki kadınlarda MMG'nin tanısallı duyarlılığı düşmektedir. Bu hastalarda öncelikli olarak tercih edilen yöntem USG olmaktadır. Lezyonun solid veya kistik ayrımının yapılmasında, sınırlarının net olarak belirlenmesinde ve X ışını içermemesi sebebiyle MMG'ye üstünlüğü

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