

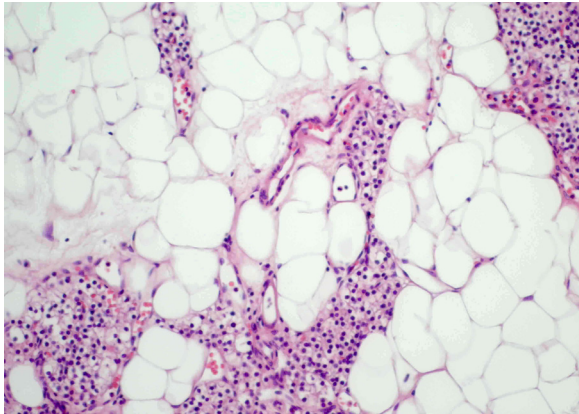
BÖLÜM 5

PARATİROİD HASTALIKLARI SİTOLOJİSİ VE PATOLOJİSİ

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Giriş

Paratiroid bezler oval şekilli olup, içerdiği yağ miktarı, vasküler konjesyon derecesi ve oksifil hücre oranına göre açık sarıdan kahverengiye değişen renge sahiptir. Uzunluğu 2-7 mm, genişliği 2-4 mm ve kalınlığı 0.5-2 mm arasındadır. Cinsiyet, ırk, beslenme durumu gibi faktörler ağırlığını etkilemekle birlikte ortalama 35-55 mg ağırlığa sahiptir.



Resim 1. Normal paratiroid bezi: yağ hücreleri ile iç içe esas hücrelerin oluşturduğu parankimal hücreler (H&EX400)

İnce bir kapsül paratiroid bezini sarmakta ve parankim içine lobüller oluşturacak şekilde uzanım göstermektedir. Erişkinde paratiroid bezi, değişik miktarda yağ hücreleri ile iç içe esas, onkositik, berrak hücreler ve esas hücreler ile onkositik hücreler arasında yer alan geçiş hücrelerini içeren parankim hücreleri ve fibrovasküler bir stromadan oluşur(2,3)(Resim 1). Parankim hücreleri kapiller ağ etrafında kordonlar, yuvalar oluşturacak şekilde dizilim gösterirler(2). Paratiroid bezinin fonksiyonel hücreleri esas hücrelerdir(2).

Paratiroid Bezi İnce İğne Aspirasyon Sitolojisi Bulguları

Primer hiperparatiroidi hastalarında preoperatif paratiroid adenomunun lokalizasyonunun saptanması için ultrasonografik değerlendirme, ^{99m}Tc-MIBI ile sintigrafik inceleme ve bilgisayarlı tomografi kullanılmaktadır(4-5). İnce İğne Aspirasyon Sitolojisi (İİAS) baş-boyun bölgesi neoplastik lezyonlarının preoperatif tanısında sıklıkla kullanılır. Paratiroid adenomuna uygulanan preoperatif İİAS, kalın fibröz kapsül, fibröz kapsülde tabakanlama, kapsüller psödoinvazyon, fibröz

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