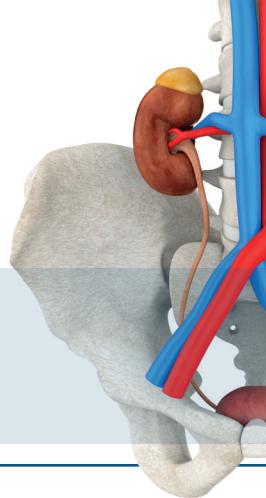


BÖLÜM 19

MALİGN TESTİS TÜMÖRLERİ

Gülen BURAKGAZI¹



GİRİŞ

Testiste sert, ağrısız büyumenin en ciddi nedeni tümörlerdir. Testis tümörleri 15 ila 35 yaş arasındaki erkeklerde en sık görülen malignitedir (1).

EPİDEMİYOLOJİ

Testis tümörü intraabdominal malignitelerinin %1'inden azını oluşturur. Siyah ırka göre beyazlarda daha fazla görülmekte olup son dekadlarda beyaz ırkta görülmeye insidansı artmıştır. Testis tümörü insidansı coğrafi bölgelere göre anamlı değişiklik gösterip Afrika ve Asya'da en düşük, Amerika ve İngiltere'de orta düzeyde, İskandınavya, Almanya, İsviçre ve Yeni Zelanda da ise en yüksektir (2,3). Tümörün en yaygın histolojisi, etkilenen bireylerin yaşına göre değişir. Tüm testis tümörlerinin %90'ından fazlası birincil germ hücreli tümörlerdir. Testis germ hücreli tümörlerin (GHT) %90'ı testis kaynaklı olup ekstragonadal olanlar en sık retroperiton ve mediasten yerleşimlidir. Mediasten yerleşimli seminom dışı germ hücreli tümörler daha sık yolk kesesi tümörünü içerir; kemoterapiye duyarlılıklarını düşük ve прогнозları kötüdür (4,5).

RİSK FAKTORLERİ

Testis tümörlerinin nedeni hala bilinmemektedir (Tablo 1). Criptorşidizm (ektopik testis) tümör riskinin 10-40 kat artmasına sebep olmaktadır. Ektopik testis; sağ testiste daha sık görülür. Testis tümörlü olguların %7-10'unda inmemiş testis öyküsü bulunmakla beraber inmemiş testis öyküsü olan hastaların %5-10'unda normal karşı testisinde kanser görülebilir. Önceleri birçok oto-rite testis tümörleriyle olan güçlü ilişkileri nedeniyle mikrolitiazis olgularında seri ultrasonografi (USG) takipleri önerildi. Ancak güncel literatürde, sonografik takip artık önerilmemektedir (6,7).

Tablo 1. Testis tümörlerinde risk faktörleri

Testis tümörlerinde risk faktörleri
Kriptorşidizm
Atrofik testis
Klinefelter sendromu
Cowden sendromu
Testis disgenezi sendromu
Aile öyküsü
Radyasyon

¹ Doç. Dr., Recep Tayyip Erdoğan Üniversitesi, Eğitim ve Araştırma Hastanesi, Radyoloji AD., burakgazigulen@gmail.com

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