

Gülen BURAKGAZİ¹

GİRİŞ

Testiste sert, ağrısız büyümenin 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 görülme insidansı artmıştır. Testis tümörü insidansı coğrafi bölgelere göre anlamlı değişiklik gösterip Afrika ve Asya'da en düşük, Amerika ve İngiltere'de orta düzeyde, İskandinavya, 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 ekstrapodal olanlar en sık retroperiton ve mediasten yerleşimlidir. Mediasten yerleşimli seminom dışı germ hücreli tümörler daha sık yolk kesesi tümörünü içerir; kemoterapiye duyarlılıkları düşük ve prognozları kötüdür (4,5).

RİSK FAKTÖRLERİ

Testis tümörlerinin nedeni hala bilinmemektedir (Tablo 1). Kriptorşidizm (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 testiste kanser görülebilmektedir. Önceleri birçok otorite testis tümörleriyle olan güçlü ilişkileri nedeniyle mikrolitiazis olgularında seri ultrasonografi (USG) takipleri önerirdi. 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

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