BÖLÜM 9

SPİNAL VASKÜLER TÜMÖRLER

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GİRİŞ

Kanser hastalığı geçmişte olduğu gibi günümüzde de dünya için büyük bir sorun teşkil etmektedir. Bu nedenle kanser hatalığını engellemeye yönelik veya ortaya çıktıktan sonra tedavi etmeye yönelik çalışmalar ve yeni yaklaşımlar her geçen gün artarak devam etmektedir. Tabi spinal tümörler bu hastalığın içerisinde önemli bir yere sahiptir. Her ne kadar primer spinal tümörler tüm iskelet sistemi tümörleri içerisinde %10'dan az bir oranla oldukça nadir olsa da tüm kanserlerin seyri boyunca spinal bölgeye metastazı yaklaşık %5 ile %10 arasında oldukça yüksek bir orana sahiptir. Dolayısı ile spinal tümörlerin büyük çoğunluğu yani yaklaşık %90'nından fazlası metastatik lezyonlardır (1-3). Primer ve metastatik omurga tümörleri genellikle mekanik instabilite, ilerleyici ve geçmeyen ağrı ile radikülopati veya kompresyon myelopatisi sonucunda oluşan; parezi, parestezi, mesane ve barsak disfonksiyonu ve cinsel işlev bozukluğu gibi komplikasyonlar ile kendini göstererek fonksiyon kaybına ve hastanın yaşam kalitesinde belirgin düşmeye sebep olmaktadır (4-5). Bu nedenle gerek primer tümörlerin gerekse metastatik tümörlerin erken tanısı ve doğru bir yaklaşım ile tedavi edilmesi hastanın yaşam kalitesi açısından çok önemlidir. Spinal tümörlerin tedavisinde kemoterapinin yeri pek yoktur. Genellikle radyoterapi ve/veya cerrahi uygulanmaktadır. Bu iki yöntemin içerisinde birinci basamak olarak radyoterapi uygulanmakla birlikte, radyorezistan tümörlerde veya omurga instabilitesi olanlarda genellikle cerrahi kullanılır. Ancak tümör progresyonu, omirilik kompresyon bulguları veya ilerleyici nörolojik semptomları olan hastalarda her iki tedavi yöntemi birlikte uygulanabilmektedir (5). Spinal vasküler tümörler konu başlığının seçilme sebebi bu tümörlerin tedavi disiplini içerisinde girişimsel yaklaşımların ortaya çıkmasıdır. Cerrahi komplikasyonları azaltmak, daha iyi bir eksizyon zonu oluşturmak, kitle etkisini azaltmak, rezeke edilemez durumda olan tümörü rezeke edilebilir hale getirmek vs. gibi nedenlerle cerrahi öncesi hipervasküler olan tümörlerde intraarteriyel embolizasyon endikasyonu oluşmuştur. Spinal vasküler tümörler hem vasküler

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SONUÇ

Spinal tümörler genellikle mekanik instabilite, ilerleyici ve geçmeyen ağrı ile radikülopati veya kompresyon myelopatisi sonucunda oluşan; parezi, parestezi, mesane ve barsak disfonksiyonu ve cinsel işlev bozukluğu gibi komplikasyonlar ile kendini göstererek fonksiyon kaybına ve hastanın yaşam kalitesinde belirgin düşmeye sebep oldukları için gerek primer tümörlerin gerekse metastatik tümörlerin erken tanısı ve doğru bir yaklaşım ile tedavi edilmesi hastanın yaşam kalitesi açısından çok önemlidir. Özellikle hipervasküler spinal tümörlerin tedavisinde pre-op embolizasyon ameliyata bağlı komplikasyonları azaltmakta ve tedavi başarısını arttırmaktadır.

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