

BÖLÜM 1

PRİMERİ BİLİNMEYEN BOYUN KİTLELERİNE YAKLAŞIM

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GİRİŞ

Primeri bilinmeyen boyun metastazları, Dünya Sağlık Örgütü tarafından primer tümörün tanısı olmaksızın histopatolojik olarak lenf noduna olan metastazlar olarak tarif edilmiştir (1). Bu terim ilk olarak 1944 yılında Martin ve Morfit tarafından primer mukozal lezyon kanıtı olmaksızın boyunda metastatik lenf nodu varlığı' olarak tanımlanmıştır (2). Primeri bilinmeyen metastatik boyun kitleleri vücuttaki tüm tümörlerin %5-10'unu ve tüm boyun metastatik kitlelerinin yaklaşık %5'ini oluşturur. Primeri bilinmeyen skuamöz hücreli karsinom metastazlarının yıllık insidansı 0.34 olgu/100000/yıl olarak bildirilmiştir (3). Çalışmalar, primeri bilinmeyen metastazların artmasının özellikle Human Papilloma Virüs (HPV) ile ilişkili olduğunu ve bunun da en çok orofarenks kanserleri için geçerli olduğunu söylemektedir (4,5). Ancak son yıllarda görüntüleme yöntemlerindeki gelişmeler ve immünohistopatolojik yenilikler sayesinde primeri bilinmeyen metastazların oranı giderek azalmıştır (6-8). Yani primer odakların saptanma oranı bu sayede artmıştır. Özellikle pozitron emisyon tomografisi-bilgisayarlı tomografi (PET-BT)'nin panendoskopik biyopsiler ile birlikte kullanımı, primer odağın saptanması oranını yükseltmiştir.

Skuamöz hücreli karsinom en sık saptanan histopatolojik tiptir. Bunu sırasıyla adenokarsinom, undifferansiye karsinom, lenfoma ve malign melanom izler (9-12). Primeri bilinmeyen servikal lenf nodu metastazlarının yönetimi, geçmişte olduğu gibi günümüzde de terapötik bir zorluk olmaya devam etmektedir. Skuamöz hücreli karsinomlar, lokorejyonel progresyon ve nispeten düşük uzak metastaz riski ile karak-

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