

BÖLÜM 6

PARAFARENGEAL BÖLGE TÜMÖRLERİ

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GİRİŞ

Parafarengeal bölge; mandibula ramusunun medialinde farenksin lateralinde yer alan, lokalizasyonu nedeniyle klinik olarak muayenesi zor olan ve içerisinde önemli anatomik yapıların bulunduğu karmaşık bir potansiyel alandır. Bu bölgeden gelişen tümörler parafarengeal bölgede yer alan primer anatomik oluşumlardan olabileceği gibi çevre dokulardan da gelişebilmektedir. Bu tümörler baş- boyun tümörlerinin yaklaşık %0.5'ini oluşturur ve kadın insidansı erkekten daha fazladır (1). En yaygın görülen tükrük bezi tümörleri olup, bunu nörojenik neoplazmlar takip eder (2). Bu bölgedeki lezyonların çoğu benignidir (%80) ve cerrahi eksizyon primer standart tedavidir (2-4). Parafarengeal bölge tümörlerinin tanı ve tedavisi görülme oranlarının düşüklüğü, anatomik yapılarla olan ilişkisi ve histopatolojik çeşitliliğe bağlı olarak zorluklar içerir.

Detaylı anatomi bilgisi ve dikkatli bir cerrahi plan tümör ve hasta yönetimini için olmazsa olmazdır.

Bu bölüm; parafarengeal bölgenin cerrahi anatomisini, tümörlerinin klinik ve radyolojik değerlendirmesini ve tedavi seçeneklerini gözden geçirmektedir.

ANATOMİ

Parafarengeal bölge suprahoid boyun bölgesinde yer alan, tabanı kafa tabanında tepesi hyoidin büyük hornunda bulunan ters çevrilmiş piramid şeklindedir (5). (**Resim 1**)

Parafarengeal bölgenin superior sınırını temporal kemiğin petröz parçasının küçük bir kısmı ve sfenoid kemik oluşturmaktadır. Burada karotis kanalı, juguler foramen

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rekürrensi önlemek için radyoterapi uygulanacak hasta seçiminde hastanın yaşı, ek cerrahi ihtimali ve malign transformasyon riski göz önünde bulundurulmalıdır.

KOMPLİKASYONLAR VE SONUÇLARI

Tecrübeli cerrahlar tarafından yapılan operasyonlarda komplikasyon azdır. Yine de potansiyel komplikasyonlar ameliyat öncesinde hastalara cerrahi tarafından anlatılmalıdır.

En yaygın görülen komplikasyonlar kranial sinir hasarlarıdır (74). En sık etkilenen vagal sinirdir ve en sık poststiloid tümörlerde etkilenir. Vokal kord paralizisine ve ciddi faringeal disfonksiyona yol açarak ciddi fonasyon ve yutma bozukluklarına neden olur. Bu hastalarda spontan kompanzasyon mekanizması gelişmezse yutma ve konuşma terapileri almaları gerekebilir. Çok sık olmamakla birlikte medializasyon tiroplasti ya da intrakordal enjeksiyon gerekebilir. Fasial sinir prestiloid tümör rezeksiyonu sırasında hasarlanabilir ve onarılması gerekir.

First Bite sendromu parafarengeal bölge tümörlerinin komplike olmayan cerrahi sonrası görülen dikkat çekici komplikasyondur (75). Her yemekte ilk ısırıkla birlikte parotis bölgesinde meydana gelen akut, yoğun bir ağrıdır. Parotis bezinin sempatik innervasyonundaki hasara bağlı meydana gelir. Parotis bezi içine botulinum toksin A enjeksiyonu ciddi semptomların azalmasını sağlayabilir. Güvenli, non- invaziv ve bazı hastalarda kalıcı çözüm sağlayan bir tedavi yöntemidir. Diğer komplikasyonlar arasında Horner sendromu, temporomandibuler eklemden disfonksiyon, hematoma, enfeksiyon ve trismus sayılabilir. Vasküler hasarlanmaya bağlı hemoraji ve inme parafarengeal bölge cerrahilerinde nadir olarak görülen fakat ciddi bir komplikasyondur. Malign lezyonlar ve karotid cisim tümörlerinde karotis arter yaralanma riski daha yüksektir.

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