

BÖLÜM 13

BAŞ-BOYUN CİLT KANSERLERİ VE LOKAL FLEPLER

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GİRİŞ

Cilt kanserleri temel olarak melanom ve non-melanom cilt kanserleri (NMCK) olarak ikiye ayrılır. Melanom cilt kanserlerinin yalnızca %2'sini oluşturmaktadır. NMCK dünya üzerinde en sık görülen kanserlerdir. Amerika Birleşik Devletleri'nde yıllık insidansı 3.5 milyon olarak bildirilmektedir (1, 2). Bazal hücreli kanser (BHK) ve kütanöz skuamöz hücreli kanser (kSHK) tüm vakaların %99'unu oluşturur. BHK, kSHK'ye göre daha sık görülür. Daha nadiren ise Merkel hücreli karsinom, kaposi sarkomu, dermatofibrosakrom, kütanöz B hücreli lenfoma gibi kanserler görülebilmektedir (3).

En önemli risk faktörü güneş ışınlarına bağlı kronik ultraviyole radyasyon maruziyetidir. Ultraviyole radyasyon, DNA onarım mekanizmalarında hasar oluşturarak immünitenin baskılandığı durumlarda cilt kanserlerine neden olur. Açık ten rengi, açık göz rengi, Kuzey Avrupa ırkı, çilli olma, sık güneş yanığı görülmesi, güneş ışınlarına hassas cilt yapısı olması, erkek cinsiyet, ileri yaş, sigara kullanımı da cilt kanserleri açısından kişisel risk faktörleri olarak tanımlanmıştır. Diğer risk faktörleri; arsenik gibi kimyasal karsinojenlere maruziyet, radyoterapi, Kseroderma pigmentosum gibi DNA onarım bozukluğunun eşlik ettiği genetik hastalıklar, Human papilloma virüs (HPV), immün süpresyona yol açan durumlar (HIV, organ transplantasyonu), kronik yaralar, yanık skarları olarak sıralanabilir. Kseroderma pigmentosum nadir görülen otozomal resesif kalıtılan genetik bir hastalıktır. NMCK gelişme riski normal popülasyona göre bin kattan fazladır. Solid organ transplantasyonu yapılan hastalarda ise BHK gelişme riski 10 kat, kSHK gelişme riski ise 60 kat artmıştır. Ultraviyole radyasyon bu gibi durumlarda kanser gelişimini kolaylaştırıcı etkiye sahiptir(4, 5). Yüz bölgesi NMCK'lerinin sık görüldüğü bir alandır, çünkü güneş ışınlarının etkisine daha açık bir bölgedir(6).

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Resim 12. Kulak kepçesinde yerleşik BHK rezeksiyonu sonrası oluşan defektin tam kat cilt grefti kullanılarak kapatılması. A. Lezyon ve rezeksiyon sınırları işaretlenmiş, B. Supraklaviküler alandan alınması planlanan tam kat cilt grefti, C. Rezeksiyon sonrası oluşan defekt, D. Uzun dönem görünümün tatminkar olduğu izlenmekte.

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