

# 14. BÖLÜM

## Mesanenin Nöroendokrin Tümörleri

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Mesanenin nöroendokrin tümörleri (NET), tüm mesane tümörlerinin %1'inden daha azını oluşturur. Dünya Sağlık Örgütü (DSÖ) 2016 üriner sistem ve erkek genital sistem tümörleri sınıflamasına göre NET'ler, küçük hücreli nöroendokrin karsinom, büyük hücreli nöroendokrin karsinom, iyi diferansiyel nöroendokrin tümör ve paraganglioma olmak üzere 4 alt gruba ayrılır (1).

### **KÜÇÜK HÜCRELİ KARSİNOM**

#### **Epidemiyoloji ve Klinik Bulgular**

Küçük hücreli karsinom (KHK), tüm mesane kanserlerinin %1'inden daha azını oluşturur (2). Erkeklerde ve ileri yaş grubunda özellikle de 6. dekatta sıktır (3). Sigara, ürotelyal karsinomda olduğu gibi KHK'de de etiyojide önemlidir (4). En yaygın görülen klinik bulgular, hematüri, dizüri, noktüri, idrar sıklığında artış, obstrüksiyon bulguları ve pelvik ağrı iken, bazen paraneoplastik bulgular da görülebilir (5). Teşhis anında olguların tamamına yakınında muskularis propria veya perivezikal yağ doku invazyonu, %60 olguda ise bölgesel lenf nodu, kemik, karaciğer veya akciğere metastaz vardır (2,6). Olguların ortalama yaşam süresi 1.7 yıldır (7).

#### **Patogenez ve Moleküler Özellikler**

KHK, multipotent, diferansiyel olmayan kök hücrelerden kaynaklanabilir. KHK'ye diğer karsinomların da sıklıkla eşlik etmesi bu teoriyi güçlendirir. Ayrıca normal ya da metaplastik ürotelyal epitelde yer alan nöroendokrin hücre-

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