19. BÖLÜM

Mesanenin Malign Mezenkimal Tümörleri

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Mesanenin mesenkimal tümörleri oldukça nadir lezyonlar olup malign, benign ve malignite potansiyeli bulunan lezyonlardan oluşan heretojen bir grubu kapsamaktadır (1).

RABDOMYOSARKOM

İskelet kası diferansiasyonu gösteren malign bir mezenkimal tümör olan rabdomyosarkom (RMS), Wilms tümörü ve nöroblastomdan sonra çocukluk çağının en sık görülen üçüncü ekstrakraniyal solid tümörüdür. Rabdomyosarkom (RMS), nöroblastom, lenfoma ve primitif nöroektodermal tümörler (PNET) gibi çocukluk çağının küçük yuvarlak mavi hücreli tümörleri grubuna dahildir (2). Rabdomyosarkom (RMS), tüm çocukluk çağı malign tümörlerinin yaklaşık % 4,5 kadarını oluşturur (2) ve çocukluk çağında mesanede en sık görülen yumuşak doku sarkomudur (3). Çocuklarda tüm RMS vakalarının yaklaşık % 15 ila 20'si genitoüriner kökenlidir (4). Ancak mesane RMS erişkinlerde nadir izlenen tümörlerdir ve literatürde oldukça az sayıda bildirilmiştir (5, 6). Erişkinlerde rabdomyosarkomatöz morfoloji pür rabdomyosarkom olarak veya sarkomatoid ürotelyal karsinomun bir komponenti olarak karşımıza çıkabilir (7, 8).

Çocukluk çağında genitoüriner sistem RMS'larının % 90'ından fazlası embriyonal tiptir, alveolar RMS (ARMS) tipi mesanede nispeten nadir olarak izlenir (6, 9). Erişkinlerde ise alveolar, embriyonal, iğsi hücreli/sklerozan, pleomorfik tip ve sınıflandırılamayan RMS olguları bildirilmiştir (6, 10).

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Mesanede primer olarak ortaya çıkan malign periferik sinir kılıfı tümörü, kondrosarkom, osteosarkom, liposarkom, pleomorfik sarkom gibi malign mezenkimal tümörler bildirilmiştir. Heterolog eleman içeren sarkomatoid karsinom olguları değerlendirilirken primer kondrosarkom, osteosarkom ve pleomorfik sarkom ayırıcı tanıda değerlendirilmelidir(13, 40, 41).

SONUÇ

Mesanenin malign mezenkimal tümörleri seyrek görülmeleri nedeniyle ilgili tümörler hakkında epidemiyolojik veriler sınırlıdır. Primer tedavi çoğunlukla cerrahi rezeksiyondur ve bu tümörlerde prognoz kötü seyretmekte olup sağkalım oranları düşüktür.

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