

GİRİŞ

Kardiyak kitleler ve tümörler heterojen bir hastalık grubu olup primer tümörleri (hem benign hem de malign), metastatik hastalığı ve trombüs gibi çok sayıda maskeleyici durumu içerir. Klinik bulgular başka sebeplerle istenen görüntüleme testlerinde tesadüfi tanıdan kardiyak tamponat, aritmi, obstrüksiyon ve sistemik embolizasyon gibi hayatı tehdit eden bulgulara kadar değişkenlik gösterebilmektedir. Görüntüleme yöntemlerinden kardiyak manyetik rezonans görüntüleme (KMR) genellikle değerlendirme için en yararlı olanıdır ve ilgili anatominin değerlendirilmesine yardımcı olur. Kardiyak kitle biyopsisinin teknik olarak zorluğu ve riskinden dolayı, hem tanı hem tedavi edici rolü olan cerrahi tedavi, görüntüleme teknikleri kullanılarak tercih edilebilmektedir. Kardiyak kitle yönetiminin bir kardiyolog, kalp cerrahı ve onkologu içeren multidisipliner grubun katılımı ile yapılması önerilir.

Kardiyak kitleler iyi huylu primer kalp tümörleri, primer malign kardiyak tümörler, metastazlar veya kalp dışı yerleşimli bir maligniteden lokal invazyon, trombüs ve vejetasyon gibi tümörü maskeleyici durumlar olarak sınıflandırılabilir (Tablo 1). Bu yazıda kalp tümörlerinin epidemiyolojisi, klinik bulguları, ayırıcı tanısı, tanı yöntemleri ve tedavisinden bahsedeceğiz.

EPİDEMİYOLOJİ

Kalbin metastatik kanserleri primer kalp tümörlerinden önemli ölçüde daha yaygındır (1). Kalbe en sık metastaz yapan kanserler akciğer (%37), meme (%7), özefagus kanserleri (%6) ve lenfoma gibi hematolojik kanserlerdir (%20) (2). Primer

¹ Yazar Bilgisi Eksik



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