

TİROİD NODÜLLERİ VE PARATİROİD ADENOMLARINDA ABLASYON TEDAVİSİ

Tümay BEKÇİ¹
Ulhan ERYÜRÜK²

GİRİŞ

Tiroid nodülleri, tiroid ultrasonografi (US) çalışmalarının %19-%35'inde ve otopsi çalışmalarının %8-%65'inde saptanan yaygın bir antitedir (1). Tiroid malignitelerinin insidansı son yıllarda önemli ölçüde artmış olsa da, klinik olarak anlamlı tiroid kanserlerinin insidansı son 80 yılda mortalite oranları değişmeden kalmıştır (2). Bu nedenle, tiroid nodüllerinin yönetimi, son yıllarda değişmekte olan kılavuzlarla birlikte birçok tartışmanın odağı olmuştur. Klinik muayene, biyokimyasal analiz, görüntüleme çalışmaları ve sitolojik değerlendirme, nodüllerin spesifik tedavi algoritmalarına göre sınıflandırılmasına olanak tanımaktadır.

Cerrahi tedavi; malign ya da şüpheli sitolojik tanı, bası semptomları veya otonom fonksiyonu olan tiroid nodüllerinin tedavisi için uzun süredir standart tedavi olarak kabul edilmiştir. Bununla birlikte cerrahi tedavi, indolan malignitelerin ve iyi huylu nodüllerin tedavisinde faydalardan daha ağır basabilecek bazı riskleri beraberinde getirmektedir. Parsiyel veya total tiroidektomi hipokalsemi, rekürren laringeal sinir hasarı, enfeksiyon, kanama ve kozmetik sorunlar oluş-

turabilmektedir. Son kılavuzlar (3, 4) iyi huylu nodüller için tiroid stimulan hormon (TSH) basıkılayıcı levotiroksin tedavisini de önermemektedir, çünkü ilaç tedavisinin tiroid nodülünün hacmini azaltmadaki etkisi kesin değildir ve uzun süreli osteoporoz veya atriyal fibrilasyon gibi yan etkilere neden olabilir (5-7).

Paratiroid adenomları için standart tedavi cerrahidir. Ancak özellikle yaşlı ve kronik hastalıkları olan hastalarda cerrahi postoperatif morbidite ve mortalite ile ilişkilidir. Ayrıca, semptomatik hiperparatiroidizmi veya semptomatik non-fonksiyone paratiroid kistleri olan bazı hastalar ya cerrahi reddeder ya da cerrahi için uygun aday değildir.

Bu sebeplerle hem tiroid nodüllerinin hem de paratiroid adenomlarının tedavisinde daha az invaziv yaklaşımların araştırılmasına ihtiyaç duyulmuştur. Etanol ablasyon (EA) ve termal ablasyon gibi görüntü kılavuzluğunda cerrahi olmayan prosedürler, benign semptomatik tiroid nodüllerinde, kısıtlı kullanımıyla malign tiroid nodüllerinde ve paratiroid adenomlarının yönetiminde cerrahiye alternatif ve daha az invaziv yaklaşımlar olarak önerilmiştir (8).

¹ Doç.Dr., Giresun Üniversitesi Tıp Fakültesi, Radyoloji AD, tmybkc@gmail.com, ORCID iD: 0000-0002-3147-2786

² Arş. Gör., Giresun Üniversitesi Tıp Fakültesi, Radyoloji AD, ulhaneryuruk@gmail.com, ORCID iD: 0000-0001-6581-621X

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