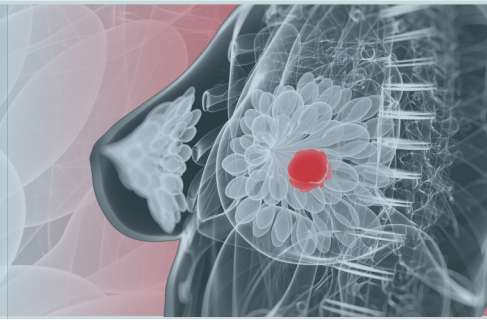
9. Bölüm

MEMENİN İN SİTU LEZYONLARI

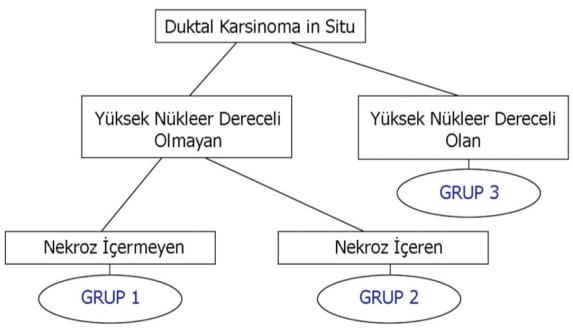


Umur Anıl PEHLİVAN [1]
Nurgül GÜLTEKİN [2]

- Memenin malign lezyonları, non-invaziv (in situ lezyonlar) ve invaziv olarak ikiye ayrılmaktadır. Bazal membranın korunduğu non-invaziv malign patolojileri, duktal karsinoma in situ (DKİS), lobüler karsinoma in situ (LKİS) ve genellikle DKİS ile birliktelik gösteren Paget Hastalığı olarak 3 grupta sınıflandırılabiliriz.

DUKTAL KARSİNOMA İN SİTU

- DKİS, bazal membranda invazyon olmaksızın malign duktal epitel hücrelerinin klonal proliferasyonu ile karakterize meme malignitesidir.
- DKİS, değişken genetik, biyolojik ve histolojik özelliklere sahip heterojen bir patolojidir.
- DKİS, preinvaziv bir lezyon olup, %30-50 oranında invaziv transformasyon göstermektedir. Bu nedenle DKİS'lerin tanımlanması ve yönetimi çok önemlidir.
- DKİS, patolojik olarak kribriform, mikropapiller, solid, komedo olarak 4 alt tipe ayrılmaktadır. Bu sınıflamada önemli prognostik faktörler olan nekroz ve histolojik nükleer derecelendirme yer almamaktadır.
- Bu multiparametrik hastalık için nüks oranı, nükleer derecelendirme, nekroz varlığı, nekrozun seviyesi veya tüm bu parametrelerin kombinasyonu ile ilişkili olarak tanımlanmıştır.
- Bu nedenle patolojik sınıflamaya alternatif sınıflamalar tanımlanmış, bunların içerisinden en basit ve kullanımı kolay olanı Van Nuys sınıflamasıdır (Resim 9.1).



Resim 9.1: Van Nuys sınıflaması

- DKİS ortalama tanı yaşı 5. dekad olup, insidansın en yüksek olduğu yaş grubu 6. dekaddır. Ailesel meme kanseri öyküsü, 50 ve üzeri yaş, nulliparite rölatif risk faktörleridir.
- Çoğu DKİS'nin radyolojik olarak önemli bir belirteç olan kalsifikasyon içermesi ve tarama mamografisinin 1970'lerden sonra rutin tarama programında kullanılması ile beraber tanı insidansı ve prevelansı artış göstermiştir.
- Prevalanstaki en belirgin artış ise 50 yaş ve üstü kadınlarda olmuştur. DKİS prevalansı 100.000

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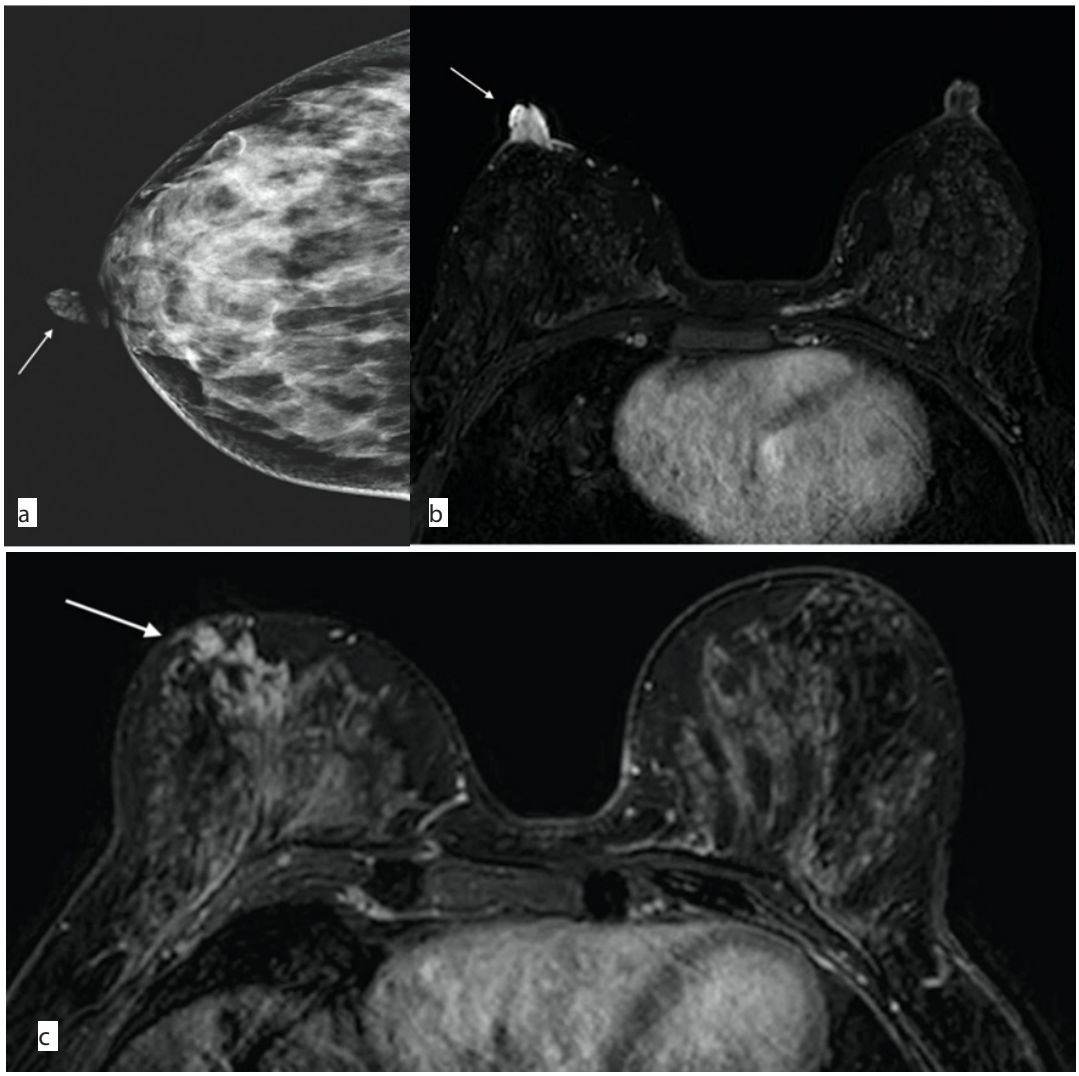

Resim 9.15: Meme başı kalınlaşması, kurutlanması ve kaşıntısı olan 42 yaşında hastanın mamografisinde meme başı areola kompleksinde ciltte kalınlaşma (düz ok, a), MR görüntülemede ise meme başı areola kompleksinde kalınlaşma, kontrastlanma (düz ok, b) ve senkron subareolar fokal dağılım gösteren kümelenmiş nodüler kitle dışı kontrastlanma alanları (düz ok, c) saptanıyor. Subareolar geniş rezeksiyon sonrası lezyonlar DKİS'nin eşlik ettiği Paget Hastalığı tanısı aldı.

- Ancak meme başı veya meme başı areola kompleksinin asimetrik kontrastlanması Paget Hastalığı için patognomik olmayıp, meme başı adenomu veya karsinomların subareolar yayıldığı durumlar da görülebilir.

➢ MR görüntüleme ile yapılan ek değerlendirme, klinik muayene veya mamografide okkült Paget hastalığı olan hastalarda altta yatan maligniteyi tanımlamaya yardımcı olabilir. Bu durum, meme koruyucu cerrahi için hastaların seçimine yardımcı olur.

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