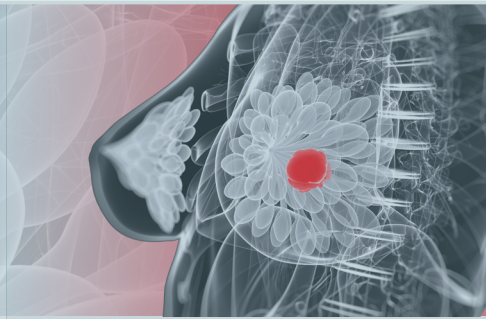
15. Bölüm

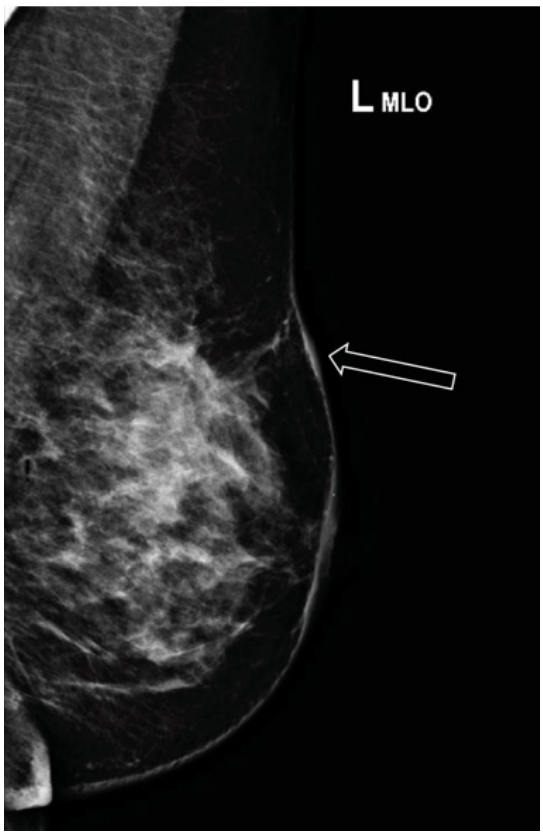
TEDAVİ SONRASI DEĞİŞİKLİKLER



Begüm DEMİRLER ŞİMŞİR [1]

CERRAHİ TEDAVİ VE RADYOTERAPİ SONRASI DEĞİŞİKLİKLER

- Memenin benign ve malign lezyonlarına yönelik cerrahi işlemler ve mamoplasti sonrası meydana gelen değişiklikler, meme muayenesinde, mamografi için pozisyon vermede ve görüntülerin değerlendirilmesinde güçlüklere neden olmaktadır.
- Meme biyopsisine ve benign nedenler ile yapılan cerrahi işlemlere bağlı değişiklikler daha hafif olup sıklıkla bir yıl içerisinde gerileyerek kaybolurlar (Resim 15.1). Beklenen gerilemenin olmaması, dansite ve/veya boyut artışı ileri değerlendirme ve doku tanısı gerektirir.
- Malign lezyonlara yönelik meme koruyucu cerrahiye bağlı olarak daha belirgin, uzun süre sebat eden veya kalıcı değişiklikler görülür.
- Normal değişikliklerin tanınması, nüks açısından kuşkulu bulguların ayırt edilebilmesi açısından önem taşır.
- Benign değişiklikler tanındığında memeye yapılacak gereksiz girişimler de engellenebilmektedir.
- Kuşkulu bulgular saptandığında ise lokal nüks olguları erken dönemde tespit edilebilmektedir.
- Değişiklikler zaman içerisinde farklılaşarak takip mamografilerde de farklı görünümlere sebep olabileceklerinden önceki mamografiler ile karşılaştırmalı değerlendirme yapılmalıdır.



Resim 15.1. Sol MLO grafide üst yarıda ciltte hafif kalınlaşmanın eşlik ettiği (ok) hafif distorsiyon ve postoperatif fibrotik değişiklikler. Patoloji sonucu fibrotik değişiklikler olarak bildirilmiştir.

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- Mamografide implant komşuluğunda silikona ait yüksek dansiteler veya implantın fokal protrüzyonu görülür.
- Ultrasonografide hiperekoik, posterior kenarları belirsiz, 'kar fırtınası' olarak adlandırılan görünüm izlenir.

Silikonoma

- Silikonomalar sıklıkla silikon implant rüptürlerinden sonra sızan silikonun inflamatuar yanıt ve granülasyon doku ile çevrelenmesi ile ortaya çıkar.
- İmplant kılıfının silikon sızıntısına neden olabilen yapısı nedeniyle eski jenerasyon implantlarda rüptür olmadan da görülürler.
- Fizik muayenede genellikle ağrı, şekil değişikliği ve elen gelen kitle bulguları vardır.
- Silikon granülomları implanttan daha uzakta, göğüs duvarında veya aksiller lenf nodu tutulumu şeklinde de görülebilir.
- Mamografi bulgusu implant dışında yüksek dansiteli kitledir, dens aksiller lenf nodları da mevcut olabilir.
- Ultrasonografide anteriorda hiperekoik, posteriorda akustik gölgelenme şeklinde 'kar fırtınası' görünümü tipiktir.
- MRG'de implantta rüptür bulguları ile birlikte implanttan ayrı olarak T1 ağırlıklı görüntülerde düşük sinyalli, T2 ağırlıklı görüntülerde yüksek sinyalli odaklar şeklinde görülürler, granülom veya inflamasyon varlığında kontrast tutulumu olabilir.
- Tanıda implantta rüptürün gösterilmesi ve mevcutsa tipik görüntüleme bulguları yol göstericidir.
- Bazı olgularda malign kitleden ayırımı kor biyopsi ile de yapılamayarak tanı cerrahi eksizyon ile konulabilmektedir.

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