

SERVİKS KANSERİ



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1. EPİDEMİYOLOJİ VE RİSK FAKTÖRLERİ

Servikal kanser (serviks ca) gelişmekte olan ülkelerde en sık görülen kadın genital sistem kanseridir. Gelişmiş ülkelere giderek yaygınlaşan tarama programları sonucunda servikal kanser kontrol altına alınmış ve giderek geri sıralara düşmüştür. 20. yüzyılın sonlarına doğru ABD’de sıklık ve mortalite oranları %75’e varan oranlarda azalma göstermiştir (1). Yapılan bazı araştırmalarda 2018 yılında yaklaşık 570.000 serviks ca vakası ve buna bağlı 311.000 hastalık nedeniyle ölüm meydana geldiği görülmüştür. Son çalışmalarla birlikte serviks ca kadınlarda en sık görülen dördüncü kanser olarak sıralamada yerini aldı. Dünya çapında yapılan büyük ölçekli araştırmalarda 185 ülkenin 146’sında (%79) 45 yaş altı kadınları etkileyen ilk üç kanser arasında serviks ca yer aldı. Tüm rahim ağzı kanserlerinin yaklaşık %84’ü ve rahim ağzı kanserinin neden olduğu tüm ölümlerin %88’i kaynakların düşük olduğu ülkelere meydana geldi (2).

İnvaziv servikal kanserler uzun bir preinvasiv hastalık evresini izlerler. Mikroskopik olarak, invaziv karsinomlara ilerlemeden önce hücresel atipiden, değişik derecelerde servikal intraepitel-

yal neoplazilere (CIN) ilerleyen prekürsör lezyon spektrumu ile karakterizedir. Epidemiyolojik çalışmalar, CIN ve Serviks ca gelişimine katılan bir dizi risk faktörü belirlemiştir fakat günümüzde en önemlisi Human papilloma virüs (HPV) olarak kabul edilmektedir (3). Diğer risk faktörleri ise; düşük sosyoekonomik koşullar, ırk (örneğin siyah, hispanik, Vietnamlı), multipl partner öyküsü, erken yaşta ilk koit, sigara ve immünsupresyondur.

Servikal displazi ve karsinogenezde tetikleyici olay HPV ile enfeksiyondur ve skuamöz servikal kanserli hastalarda %99’a ulaşan oranlarda tespit edilmiştir (4). 30’u alt genital sistemi etkileyebilen 100’den fazla farklı HPV tipi vardır. 14 yüksek riskli HPV subtipi vardır. Özellikle HPV 16 ve 18 karsinomların %62’sinde bulunur. HPV hücresel düzeyde etkilerini viral E6 ve E7 proteinleriyle p53 ve Rb tümör supressör genleri ile etkileşime geçerek meydana getirir.

2. DEĞERLENDİRME

Vajinal kanama servikal kanserde en sık görülen bulgudur. İlerlemiş vakalarda kötü kokulu vajinal akıntı, kilo kaybı veya obstrüktif üropatiye varan geniş bir spektrumda bulgular ortaya çıkabilir. Asemptomatik hastalar ise tarama

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