

# Bölüm 5

## BERRAK HÜCRELİ TÜMÖRLER

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Olguların çoğunu berrak hücreli karsinomun oluşturduğu berrak hücreli tümörler, overin yüzey epitelinden gelişen, oldukça nadir görülen tümörlerdir. Özellikle berrak hücreli kistadenom/adenofibrom ve borderline tümörler hakkındaki bilgiler olgu sunumlarıyla sınırlıdır. Bu bölümde overin berrak hücreli tümörlerinin klinikopatolojik özellikleri derlenmiş ve ayırıcı tanılarına yaklaşım tartışılmıştır.

### BERRAK HÜCRELİ KİSTADENOM VE ADENOFİBROM

#### Tanım

Berrak hücreli kistadenom ve adenofibrom; overin yüzey epitelinden gelişen, fibromatöz stroma içerisinde endometriyumun Arias-Stella reaksiyonunu andıran berrak ya da oksifilik hücreler ile döşeli, küçük çaplı ve dallanma göstermeyen glandlar ile karakterize benign epitelyal tümürdür (1,2). Berrak hücreli tümörler arasında en nadir görülenleridir.

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Solid berrak hücreli karsinomlar ise disgerminomlar ile karışabilir. Hastanın 40 yaş üzerinde olması, eksantrik hiperkromatik nükleuslar ve belirgin olmayan nükleoluslar, plazma hücre infiltrasyonu berrak hücreli karsinom lehine bulgularken disgerminomda belirgin nükleollü hücreler ve lenfositten baskın infiltrasyon görülür. Sitokeratin, EMA pozitifliği ve OCT negatifliği disgerminomdan ziyade berrak hücreli karsinom lehine bulgulardır ancak nadiren berrak hücreli karsinomlarda da OCT pozitifliği görülebileceği unutulmamalıdır.

Yolk Sac tümörü de berrak hücreli karsinomun aksine daha genç yaşlarda görülür ve bu tümörler yüksek serum AFP seviyeleri gösterir. Schiller-Duval cisimleri Yolk Sac tanısına çok yardımcı olmakla birlikte birçok Yolk Sac tümörde bu cisimler görülemez. Berrak hücreli karsinomlar CK7, EMA pozitif, AFP, SALL4, Glipikan 3 negatifliği gösterirken Yolk Sac tümörü bunun tam tersi bir profil sergiler. Ancak berrak hücreli karsinomun nadiren AFP, Glipikan3 ve SALL4'le pozitif olabileceği, AFP boyanmasının Yolk Sac tümörde çok fokal olabileceği ve Yolk Sac tümörde HNF1 $\beta$  ekspresyonu ve fokal CK7 pozitif hücreler görülebileceği unutulmamalıdır (82).

Bir diğer ayırıcı tanısının yapılması gereken lezyon Juvenil granuloza hücreli tümördür. Genç hasta yaşı, gerçek papilla ve glandların yokluğu yanı sıra inhibin ve kalretinin pozitifliği ile berrak hücreli karsinomlardan ayrılır.

Krukenberg tümöründe taşlı yüzük hücreleri, berrak hücreler ve tübülökistik bir patern görülebilir. Bilinen bir ekstraovaryan primer tümör ve çift taraflı tutulumda, Krukenberg tümörü ayırıcı tanıya alınmalıdır

Oksifilik hücreler içeren over tümörleri de berrak hücreli karsinomla karışabilir. Ayrımda berrak hücreli karsinomu diğer over tümörlerinden ayıran immün profil kullanılabilir.

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