

# Bölüm 10

## OVERİN EPİTELYAL TÜMÖRLERİNDE KLİNİK VE TEDAVİ

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Epitelyal over kanserleri en ölümcül jinekolojik kanserdir. Ortalama tanı yaşı 63 dür vakaların %70'den fazlası ileri evrede tanı alır ve 5 yıllık yaşam oranı yaklaşık olarak %48 'dir. Epitelyal over kanserlerinin %80'den fazlası postmenopozal kadınlarda görülmektedir. Borderline tümörlü hastaların yaş ortalaması yaklaşık 46 yıldır. Borderline tümörler de dahil olmak üzere over kanserlerinin %80 ila %90'ı 40 yaşından sonra ortaya çıkarken, malignitelerin %30 ila %40'ı 65 yaşından sonra ortaya çıkmaktadır. Bir kadının yaşam boyu epitelyal over kanseri geliştirme riski %1.3'tür fakat bu oran BRCA 1 mutasyonu olan kadınlar için %40-45, BRCA 2 mutasyonu olan kadınlar için %15-20 olarak bildirilmektedir. Epitelyal over kanserleri için risk faktörleri şunlardır: Yaş, infertilite, endometriozis, polikistik over sendromu rahim içi araç kullanımı ve sigara kullanımı (müsinöz karsinomlar için) (1).

Epitelyal over kanseri vakalarının tahmini %18'i germline mutasyon ile ilişkilidir. Bunların çoğu BRCA-1 ve BRCA-2 ye atfedilebilir fakat aynı zamanda homolog rekombinasyon yolundaki diğer genleri (örneğin, TP53, ATM, MRE11, RAD51, H2AX, PALB2, RPA, BPIP 1, BARD 1 VE RAD52) ve mismatch repair gen-

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y zeylerin eksiksiz bir klinik ve cerrahi deęerlendirmesi batın yıkaması, total omentektomi hastalığın evresini tam belirlemek iin yapılmalıdır.

### Laparoskopik Cerrahi

Over kanserinin laparoskopik cerrahi evrelemesi laparotomi ile karşılaştırıldığında bir ok avantaj sağlamaktadır. Laparoskopik cerrahi yapılan endometriyum kanser serilerinde yapılan pek ok klinik alıřma g stermektedir ki laparotomiye kıyasla daha az kan kaybı, daha az postoperatif komplikasyon, daha kısa hastanede kalıř s resi ve yařam kalitesinin artması gibi avantajlar sağlamaktadır. Over kanserleri sıklıkla ileri evrede tanı aldıęı iin laparoskopik retrospektif veriler az sayıda ve erken evre hastalıkla sınırlıdır.

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