

# 4. BÖLÜM

## FOLİKÜLER TİROİD KANSERİ MEDİKAL TEDAVİSİ

Ramazan COŞAR<sup>1</sup>

### GİRİŞ

Tiroid follikül epitelinden kaynaklanan karsinomlar arasında papiller, foliküler ve anaplastik tiroid kanseri bulunur. Papiller ve foliküler tiroid kanserleri, diferansiye tiroid kanserleri olarak tanımlanırlar. Foliküler tiroid kanseri, papiller tiroid kanserinden daha az yaygındır. İyot yetersizliğinin bulunmadığı alanlarda, tüm tiroid kanserlerinin yüzde 12'ye kadarı foliküler kanseri iken, yüzde 85'i papiller tiroid kanseridir (1). Bu bölümde foliküler tiroid kanserinin epidemiyolojisi, risk faktörleri, klinik özellikleri, tanısı, evrelemesi ve tedavi yaklaşımları incelenecektir.

### Epidemiyoloji

Foliküler tiroid kanseri, diğer diferansiye tiroid kanserleriyle karşılaştırıldığında daha yaşlı bir popülasyonda ortaya çıkma eğilimindedir. En yüksek insidansı, 30 ila 50 yaşları arasında daha erken pik yapan papiller tiroid kanseri ile karşılaştırıldığında 40 ila 60 yaşları arasındadır. Ek olarak, foliküler tiroid kanseri kadınlarda erkeklere göre yaklaşık üç kat daha yaygındır (2). İyot, foliküler tiroid kanseri epidemiyolojisinde de rol oynamaktadır. Dünyanın iyot eksikliği olan bölgelerinde, iyot yeterli bölgelere göre daha yüksek foliküler kanseri prevalansı vardır. İyotun devreye girmesiyle birlikte bazı çalışmalar foliküler tiroid kanseri insidansının azaldığını, papiller tiroid kanserinin ise arttığını göstermiştir (3, 4).

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supresyon tedavisi yer almaktadır. Takipte hastaların %10-15'inde metastaz gelişebilir. Radyoaktif iyot refrakter hastalıkta sitotoksik kemoterapi etkili değildir ve günümüzde kullanılmamaktadır. Sitotoksik kemoterapinin yerini hedefe yönelik tedaviler almıştır.

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