

# 6. BÖLÜM

## ANAPLASTİK TİROİD KANSERİ MEDİKAL TEDAVİSİ

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### GİRİŞ

Anaplastik tiroid kanserleri, tiroid foliküler epitelinin undiferansiye tümörleridir. Diferansiye tiroid kanserlerinden farklı olarak, anaplastik kanserler son derece agresif seyirlidir ve hastalık spesifik mortalite oranı %100'e yaklaşmaktadır. Hastalığın çok hızlı seyretmesi ve tedavi sonuçlarının kötü olması, tedavi planı yapılırken palyatif bakım gereksinimini ve son dönem problemlerini de göz önünde bulundurmalıdır (1). Erken tanı tedavinin hızlı başlanabilmesi için önemlidir.

Tüm tiroid kanserlerinin %0,9-9,8'ini oluşturur (2). Diferansiye tiroid kanserlerine göre daha ileri yaşta tanı alırlar. Tanı anındaki ortalama yaş 65'tir ve %10'dan azı 50 yaşın altındadır. %60-70'i kadınlarda görülür (3, 4).

Tüm anaplastik kanserler, evre IV kanserler olarak kabul edilir (5). İntratiroidal anaplastik kanserler IVA, büyük ekstra tiroidal uzantı veya servikal lenf nodu metastazı olanlar IVB ve uzak metastazlılar IVC'dir.

Moleküler testlerden BRAF, TSC1, TSC2, ALK, NTRK ve RET füzyon genleri değerlendirilmelidir.

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tıkanık varsa lokorejyonel rezeksiyon gerekli olabilir. Kemik metastazı olan hastalar için palyatif radyoterapi ağrı kontrolünde etkili olabilir.

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