

39. BÖLÜM

AKCİĞER KARSİNOİD TÜMÖRLERİNE YAKLAŞIM

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GİRİŞ

Nöroendokrin tümörler (NET'ler), nöroendokrin hücrelerden kaynaklanan heterojen bir grup maligniteden oluşur ve en yaygın yerleşim yerleri akciğer, ince bağırsak ve rektumdur.(1) Son yıllarda, akciğer NET'lerinin insidansı diğer NET'lere kıyasla artmıştır.(1) Tanıdaki bu artış, daha iyi teşhis tekniklerine ve artan taramaya bağlanabilir.

Akciğer NET'lerini sınıflandırmaya yardımcı olan iki önemli kriter tümörün etrafındaki canlı bir alandaki 2 mm² başına mitoz sayısı ve nekrozun varlığı veya yokluğudur. Tipik karsinoidler (TK), nekrozun olmadığı, tümörün canlı bir alanının 2 mm²'si başına ikiden az mitoz içeren tümörlerdir; Atipik karsinoidler (AK) ise fokal nekroz varlığında 2 mm²'de 2 ila 10 mitozla sahiptir. Küçük hücreli akciğer kanseri(KHAK) ve büyük hücreli nöroendokrin karsinom (BHAK), her ikisi de yüksek gradelidir ve 2 mm²'de 10'dan fazla mitozla ve ayrıca geniş bir nekroz alanına sahiptir.(2,3) Tipik karsinoid, beş yıllık genel sağkalımın (OS) %87 ile %100 arasında değiştiği, cerrahi rezeksiyon sonrası iyi prognoza sahip bir tümördür. (4,5,6) Öte yandan atipik karsinoid, tipik karsinoide kıyasla %40 ile %90 arasında değişen beş yıllık daha düşük bir sağkalıma sahiptir. (5,7,8) Yüksek dereceli akciğer nöroendokrin karsinomu, küçük hücreli akciğer karsinomu ve büyük hücreli akciğer nöroendokrin karsinomu benzer sağkalıma sahiptir. (9) Sınırlı evre KHAK' de beş yıllık OS %10-13 iken yaygın evrede %1-2' dir. (10) Nöroendokrin tümörler tüm primer akciğer kanserlerinin %25' ini oluştururken, geri kalan %75 küçük hücreli

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