BÖLÜM 7

KAS-İSKELET YUMUŞAK DOKU TÜMÖRLERİNİN GÖRÜNTÜLENMESİNDE TEMEL PRENSİPLER

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GİRİŞ

Kas-iskelet sisteminin yumuşak doku tümörleri birkaç geniş kategoriye ayrılabilir: vasküler, travmatik, inflamatuar ve neoplastik. Yumuşak doku kitlelerinin çoğu benigndir. Benign tümörlerin malign tümörlere oranı kesin olarak bilinmemekle birlikte, bu oranın 100'e 1 kadar yüksek olduğu tahmin edilmektedir (1).

Dünya sağlık örgütünün yumuşak doku tümörleri sınıflamasına göre, yumuşak doku kitleleri matür hücre tipine göre histolojik olarak 9 ana kategoriye ayrılır: adipositik, fibroblastik/miyofibroblastik, fibroblastik, düz kas, perisitik (perivasküler), iskelet kası, vasküler, kondro-osseöz ve andiferansiye tümörler. Her histolojik kategori daha sonra benign, intermediate (lokal agresif ya da nadiren metastaz yapan) ve malign alt tipler olmak üzere alt kategorilere ayrılır. Malign yumuşak doku kitleleri, yumuşak doku sarkomları, prognostik bilgi sağlamak için mitotik indeks gibi çeşitli histolojik özelliklere göre farklı derecelere ayrılır. Yumuşak doku sarkomlarının yaklaşık %75'i yüksek derecelidir ve bu hastalar, özellikle kötü prognoza neden olan metastazla ortaya çıkabilir (2-4).

Görüntüleme teknolojisindeki süregelen gelişmelerle birlikte kas-iskelet yumuşak doku kitlelerinin radyolojik değerlendirmesi önemli ölçüde değişmiştir. Bilgisayar destekli görüntülemenin ortaya çıkmasından önce, klinik olarak şüpheli yumuşak doku kitlelerinin değerlendirilmesi genellikle radyografilerle sınırlıydı (5). Radyografiler genellikle bir kitlenin varlığının doğrulanmasına izin verse de ve yağ dokusu ile yumuşak doku mineralizasyonunun tanımlanmasında duyarlı olsa da, çok az başka tanı bilgisi sağlamaktadır. Ayrıca şüpheli lezyonların lokal evrelemesinde sınırlıdırlar (6).

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