



BÖLÜM 13

BÖBREK TÜMÖRLERİNDE RADYOLOJİK GÖRÜNTÜLEME

13.1. RADYOLOJİ

Mesude TOSUN¹

GİRİŞ

- ▶ Kesitsel görüntülemenin yaygın olarak kullanılması, genellikle asemptomatik böbrek kitlelerinin daha fazla tespit edilmesine yol açmaktadır (1-4).
- ▶ Böbrek kitlesi tespit edildiğinde birincil adım, kitlenin kistik mi yoksa solid mi olduğunu belirlemektir. Renal kitleler genel olarak kistik ve solid lezyonlar olarak gruplandırılmaktadırlar (**Resim 1**). Saptanan kitlelerin çoğunluğunu renal kistler oluşturmaktadır.
- ▶ Kitle kistik ise lezyonun malignite riskine bağlı olarak Bosniak kategorisine göre sınıflandırılmalıdır (5,6) (**Resim 2**).
- ▶ Bosniak sınıflandırması (versiyon 2019), kistik böbrek kitlelerinde malignite riskini tahmin etmek için renal kitle protokollü BT veya MR'ı kullanır. Herhangi kistik lezyonu, I, II, IIF, III ve IV olmak üzere beş kategoriden birine sınıflandırılabilir. Malignite riski, kategori IIF'den itibaren artar.
- ▶ Görüntülemede saptanan lezyon solid ise malign veya benign olarak karakterize edilmelidir. Kistik kitlelere kıyasla daha az sıklıkta görülmesine rağmen, solid böbrek tümörlerinin %90 kadarı malign potansiyeli olan kitlelerdir ve renal hücreli karsinom (RCC) böbrek malign tümörlerin %90'ını oluşturur (7-10). RCC'nin en sık görülen alt grubu berrak hücreli RCC (BHRCC)' dir. RCC'lerin diğer sık görülen alt tipleri papiller RCC ve kromofob RCC' dir. Diğer renal yerleşimli malign tümörler ise ürotelyal karsinom (ÜK), lenfoma ve metastazlardır (6, 11, 12).
- ▶ Benign solid böbrek kitlelerinden en yaygın olarak görüleni anjiyomiyolipom (AML) ve renal onkositomdur (13). Granülomatöz, enfeksiyöz ve enflamatuvar hastalıklar, he-

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