

BÖLÜM 3

KUTANÖZ MELANOMUN CERRAHİ YÖNETİMİ VE MULTİDİSİPLİNER YAKLAŞIM

Turan Eray SEVEN¹

GİRİŞ

Tanım ve kapsam

Malign melanom, melanosit kökenli, çoğunlukla deri yerleşimli olmakla birlikte mukozalarda ve nadiren oküler bölgede görülebilen agresif bir malignitedir. Güncel klinik uygulama kılavuzları (ESMO ve NCCN), tanı, evreleme, tedavi ve izleme ilişkin standart bir çerçeve sunar ve bu metinde izlenecek yaklaşımı oluşturur. Bu kitap bölümünde evreleme ayrıntıları ilgili bölümde ele alınacak olmakla birlikte, karar süreçlerinde AJCC 8. baskı esas alınacaktır (1–3).

Epidemiyoloji

Dünyada melanom insidansı son yıllarda artış eğilimindedir; ülkeler arası farklılıklar UV maruziyeti, tarama/erken tanı ve demografik yapı ile ilişkilidir. 2022 küresel kanser istatistiklerine göre melanom, tüm kanserler arasında daha düşük paya sahip olsa da metastatik aşamaya ilerlediğinde mortaliteye katkısı görece yüksektir. Erken evrede yakalama ve uygun tedavi ile sağkalımda anlamlı iyileşmeler raporlanmaktadır (4).

Başlıca risk etmenleri

En güçlü çevresel etken ultraviyole (UV) maruziyetidir; aralıklı yoğun güneşlenme ve kabarcıklı güneş yanığı öyküsü riski artırır. Açık ten rengi, açık göz/saç fenotipi, çok sayıda veya atipik nevüs varlığı, aile öyküsü, immünsüpresyon (ör. organ nakli sonrası) ve belirli kalıtsal yatkınlıklar (ör. CDKN2A taşıyıcılığı) ek risk oluşturur. Akral ve baş-boyun yerleşimli melanomlar, gecikmiş tanı ve farklı biyolojik davranış nedeniyle özel dikkat gerektirir (1).

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Telederm/foto-takip: Çok sayıda veya atipik nevüsü olan bireylerde teledermatoloji ve foto-takip uygulamaları, aynı ışık, mesafe ve referans ölçeği kullanılarak çekilen standartlaştırılmış seri görüntüler aracılığıyla değişimleri nesnel olarak izlemeye yardımcı olabilir; bunun yüz yüze klinik muayenenin yerine geçmediği, onu tamamlayıcı nitelikte olduğu hastaya açıklanmalıdır (83).

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