MEME HASTALIKLARINDA GİRİŞİMSEL RADYOLOJİ

7. BÖLÜM

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Giriş

Meme hastalıklarının yönetimi, farklı bıranşlardaki uzmanlar tarafından oluşturulan multidisipliner bir takım tarafından en iyi şekilde sağlanır(1). Son yıllarda meme radyolojisinde hem tanısal hem de girişimsel alanda kayda değer ilerleme sağlanmıştır. Perkütan işlemler multidisipliner yönetimin bir parçasıdır ve hastalara daha iyi bilgi sağlar. Görüntüleme eşliğinde perkütan biyopsi uygulaması sonrası gereksiz cerrahi işlemlerden kaçınılabilir. Biyopsi, uygulanacak cerrahi ve medikal tedavilere yön verir. Preoperatif işaretleme ameliyatı yönlendirir ve yetersiz veya aşırı cerrahi tedaviyi sınırlandırır. Tümörlerin ablasyon yöntemi ile tedavi edilmesi bazen yaşlı veya zayıf kadınların ameliyatının yerini alabilir. Bu belirtilen nedenlerden dolayı meme hastalıları yönetiminde girişimsel radyoloji önemli rol oynamaktadır(2).

Rehberlik Görüntüleme Yöntemleri

Girişimsel meme prosedürleri görüntüleme ile yönlendirilir . Bazı durumlarda aşikar lezyonlar için klinik rehberlik yeterli olabilir, ancak radyolojik kontrol daha kesin hedeflemeye yön verir(3) .Meme lezyonları için radyolojik rehberlik esastır. Klavuz olarak kullanıcak görüntüleme türünün seçimi bazı kriterlere göre belirlenir. Bu kriterler; hızlılık, maliyet, radyasyon, anormalliklerin daha iyi görselleştirilmesi, tekniğin kullanılabilirliği, ekip deneyimidir. Bu kriterler göz önüne

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isnterstisyuma geçer ve dehidrasyon ve başlangıç hücre hasarı ile sonuçlanır. Bu işlem en azından kısmen geri dönüşümlüdür. Bununla birlikte, donma çok hızlı bir şekilde gerçekleşirse, sıvının çoğu hücre içi kalır, çünkü ozmotik işlemler için yeterli zaman yoktur. Bu da hücre içi buz kristallerinin oluşumuna neden olur. Bunlar hücre zarı ve hücre organelleri üzerinde yıkıcı bir etkiye sahiptir. Çözünme sırasında, su hipotonik isterstisyumdan hücrelere akar, böylece daha fazla hücre hasarı veya hatta hücrelerin patlaması ile sonuçlanır (70).

Perkütan kriyoablasyon için iki sistemlerde donma için argon ve çözme için helyum kullanır. Kriyoterapinin diğer tekniklere kıyasla uygulama ile ilgili avantajı, soğuğun anestezik etkisi nedeni ile lokal anestezi ile tedavinin uygulanabilirliğidir. Memenin kriyoterapisi başlangıçta semptomatik fibroadenomları tedavi etmek için başarılı bir şekilde kullanılmıştır (71). Tedavi sonucunda belirgin bir hacim azalması oluşur. Fibroadenomların %80'inden fazlasında bir yıl sonra lezyon palpasyon ile hissedilemez (72). Meme kanseri tedavisinde, son dönem metaanalizlerinde teknik başarı oranını %93 olarak tanımlamaktadırlar (73). Dikkat edilecek nokta 2 cm'den büyük tümörlerde lokal nüks oranının yüksek olduğunun bilinmesidir (74).

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