



Bölüm 4

Hipofiz Tümörleri ve Optik Sinir Tümörleri

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Hipofiz Tümörleri

Epidemiyoloji ve insidens

Hipofiz sella tursica içinde yer alan, anterior ve posterior olarak iki bölümden oluşan, vücudun hormonal dengesini düzenlediği için vücudun şefi olarak da bilinen temel bezdir. Anterior hipofiz glandular dokulardan oluşurken, posterior hipofiz sinir dokusundan oluşmaktadır. Anterior hipofizden lüteinizan hormon (LH), folikül stimulan hormon (FSH), adrenokortikotropik hormon (ACTH), prolaktin, tiroid stimulan hormon (TSH) ve büyüme hormonu (GH) olmak üzere 6 hormon üretilirken, posterior hipofizden oksitosin ve anti-diüretik hormonu (ADH) salgılanır (1).

Hipofiz bezi tümörleri adenohipofiz hücrelerinden kaynaklanıp intrakranial tümörlerin yaklaşık %15'ini oluşturmaktadır. Çoğunlukla nadir görülen, yavaş büyüyen ve genellikle metastaz yapmayan benign davranışlı lezyonlardır (2). Çoğunlukla genetik farklılıklar ile birlikte olması nedeniyle genetik sebeplere bağlı olabileceği düşünülmektedir. Özellikle bazı kalıtsal durumlar multipl endokrin neoplazi (MEN)-1 sendromu

sıklıkla hipofizer bez anormallikleri ile birlikte. Diğer sebepler AIP ve Gs-alfa gibi gen mutasyonları kalıtsal olmayan hipofiz tümörlerinden sorumlu tutulmaktadır (1)

Sınıflandırma

Klinik Sınıflama: Hipofiz tümörleri klinikte hormon üreten üretilmemelerine bağlı olarak fonksiyonel hipofiz tümörleri (FHT) ve non-fonksiyonel hipofiz tümörleri (NFHT) olarak iki gruba ayrılır. FHT'lerin salgıladıkları hormonlara bağlı olarak semptomları değişkenlik gösterebilir. Büyüme hormonu (GH) ve/veya insülin büyüme faktörü 1 (IGF1) aşırı salınımına bağlı akromegali, hiperprolaktinemiye bağlı amenore-galaktore, hipogonadizm veya hiperkortizolizme bağlı Cushing hastalığı aşırı hormon salgılandığı durumlarda ortaya çıkar. NFHT'leri ise hipersekresyonun belirti ve semptomlarına neden olmazken, bası semptomları ile klinikte karşımıza çıkar. Kliniğin yanısıra immunohistokimyasal ve elektron mikroskopuna dayalı in vivo hormonal aktiviteye bağlı daha kapsamlı bir sistemle de fonksiyonel ve fonksiyonel olmayan hipofiz adenomları sınıflandırması yapılabilmektedir (3).

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kontrol sağlandığı görülmüş, ancak optik nöropati riskine dikkat çekilmiştir (55).

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