



Bölüm 8

Nazofarinks Kanserleri

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Epidemiyoloji, Risk Faktörleri

Nazofarinks kanseri nazal kavite ile orofarinks birbirine bağlayan dar boru şeklindeki bölgede bulunan lenfoepiteloid dokudan köken alır. Dünyada 2018 yılında 130 bin yeni nazofarinks kanseri vakası ve 73 bin ölüm bildirilmiştir (1). İnsidansı, coğrafik dağılıma ve ırka göre farklılık göstermektedir (2). Çin'in güneyinde endemik bir hastalık iken Amerika Birleşik Devletleri ve Batı Avrupa da nadir bir hastalıktır. Güneydoğu Asya, kuzey Afrika, Ortadoğu ve ülkemiz orta riskli bölgelerdir. İnsidans erkeklerde kadınlara oranla 2-3 kat daha yüksektir. Yüksek riskli bölgelerde yaş dağılımı 50- 59 yaş iken orta riskli bölgelerde adolesan ve genç yetişkinlerde de insidanda bir artış gözlenir. Düşük riskli bölgelerde ise risk yaş ile artar.

Etiyolojisinde virolojik, genetik ve çevresel faktörler yer almaktadır (3). Epstein-Barr virüsün (EBV) patogeneizde rol aldığını gösterilmiştir. Sigara da etiyolojik faktörler arasında yer almaktadır. Endemik bölgelerde sıkça tüketilen tuzlanmış yiyeceklerin nitrozaminler aracılığı ile riski arttırdığı düşünülmektedir.

Evreleme

Nasofarinks kanseri TNM evrelemesi (AJCC UICC 8th edition) (4)

TX: Primer tümör saptanamamıştır

T0: Primerde tümör yok ancak servikal lenf nodunda EBV+ karsinom varlığı

Tis: İnsitu tümör

T1: Nazofarinkse sınırlı hastalık veya parafaringeal tutulum olmadan orofarinks ya da nazal kaviteye uzanım

T2: Parafaringeal boşluk tutulumu veya komşu yumuşak doku (mediyal ve lateral pterigoid kaslar, prevertebral kaslar) tutulumu

T3: Kafa kaidesindeki kemik yapılar, servikal vertebra, pterigoid yapılar ve veya paranazal sinüs invazyonu

T4: İntrakraniyel ekstansiyon, kraniyel sinir tutulumu, hipofarinks, orbita, parotis bezi ve veya lateral pterigoid kas yapısının daha lateralinde yumuşak doku invazyonu

NX: Bölgesel lenfatikler değerlendirilememiştir

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