Bölüm 17
Timik Tümörler

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Giriş

Timus bezinin epitel hücrelerinden kaynaklanan timomalar, ön mediasten bölgesinin en sık görülen tümörleridir.

Epidemiyoloji, Risk Faktörleri

Timoma nadir görülen bir hastalık olup Amerika Birleşik Devletleri'nde yıllık insidansı 0.15/100.000 olarak bildirilmektedir (1,2). Bununla birlikte, ön mediasten bölgesinin en sık görülen tümörü olup yaklaşık %30'unu oluşturmaktadır. Timoma etyolojisi büyük ölçüde bilinmemekle birlikte ilişkili olabilecek bazı risk faktörleri Tablo 1'de özetlenmiştir. Genellikle 40-60 yaşlarında görülür ve çocuklarda oldukça nadirdir. Erkek ve kadınlarda görülme sıklığı ise birbirine eşittir (3).

Tablo 1: Timik tümör gelişimi ile ilşkili olabilecek faktörler

Epstein-Barr Virüsü (EBV) enfeksiyonu
Çocuklukta timik ışınlama
Myastenia gravis (MG)
Ailevi sitogenetik anormallikler

Tanı (histopatoloji) / Ayırıcı tanı / Gerekli tetkikler

Timoma hastaları genellikle asemptomatiktir ve insidental olarak saptanır. Ancak bir kısım hastada göğüs ağrısı, öksürük, dispne veya hastalığın lokal invazyonuna bağlı semptomlar görülebilirken; bir kısım hasta paraneoplastik sendrom bulguları ile başvurabilir. Özellikle Myastenia Gravis (MG) ile birlikteliği sık olduğu bilinen bu hastalarda çabuk yorulma, çift görme veya ptozis gibi semptomlar izlenebilir. MG'li hastaların %75'inde timik bozukluk ve % 15'inde timoma eşlik ederken; timoma hastalarının da %45'inde MG eşlik etmektedir (4). Diğer ilişkili paraneoplastik sendromlar ise Tablo 2 de özetlenmiştir.

Hastalığın tanısı için öncelikle öykü ve fizik muayene bulguları, laboratuar parametreleri ve sonrasında ise görüntüleme yöntemleri yardımcıdır. Öyküde özellikle lenfomanın dışlanması açısından B semptomları da sorgulanmalıdır. Laboratuar bulguları arasında tam kan sayımı,

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Tedavi sonrası takipleri de timoma ile benzer şekilde yapılır.

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