



Bölüm 47

Yumuşak Doku Sarkomu

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Genel Bilgiler

Epidemiyoloji

Yumuşak doku sarkomları (STS) yetişkin kanserlerin yaklaşık %1'ini oluşturur. Erkeklerde kadınlara göre nispeten daha yüksek oranda görülme eğilimindedirler ve yıllık insidansı yaklaşık 12.000 olarak beklenmektedir. Hastalığın pik insidansı hayatın 5. dekatında olmakla birlikte çocukluk çağında sık görülen tümörler bu kapsamın dışındadır.

Risk Faktörleri

Hastalığın etyolojisinde dış etkenler yeterince tanımlanamamış olsa da başta iyonize radyasyon maruziyeti olmak üzere vinil klorid gibi çeşitli kimyasallar nispeten iyi bilinenlerdendir. Travma bir risk faktörü olmamakla birlikte hastalığın ortaya çıkışında sıklıkla bir travma öyküsü bulunmaktadır. Öte yandan sarkomların; NF-1, Li-Fraumeni, Tuberoskleroz, FAP, Gardner gibi bazı sendromlarla da birlikteliği gösterilmiştir.

Evreleme

Yumuşak Doku Sarkomlarında TNM Evrelemesi (AJCC 8. Edisyon)

Tablo 1: Yumuşak Doku Sarkomlarında TNM Evrelemesi (AJCC 8. Edisyon)

| Primer Tümör (T) | |
|----------------------------|-------------------------------------|
| Tx | Primer tümör değerlendirilemedi |
| T0 | Primer tümör bulgusu yok |
| T1 | Tümör en büyük çapı ≤5 cm |
| T2 | Tümör en büyük çapı >5 cm ≤10 cm |
| T3 | Tümör en büyük çapı >10 cm ≤15 cm |
| T4 | Tümör en büyük çapı >15 cm |
| Bölgesel lenf Nodları (LN) | |
| Nx | Bölgesel LN'ları değerlendirilemedi |
| N0 | Bölgesel LN metastazı yok |
| N1 | Bölgesel LN metastazı var |
| Uzak metastaz (M) | |
| Mx | Uzak metastaz değerlendirilemedi |
| M0 | Uzak metastaz yok |
| M1 | Uzak metastaz var |

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kullanılabilir[45]. Kırık riski ve geç yan etki oranlarını düşürmede mümkünse YART ve görüntü kılavuzluğunda RT'ye başvurmak akılcı olacaktır.

Takip

Evre I hastalık

- İlk 2-3 yıl her üç-altı ayda bir sonrasında yıllık olacak şekilde anamnez ve fizik muayene
- Her altı ayda bir Toraks CT (tercihen) ya da akciğer grafisi
- Lokal rekürrens açısından postoperatif bazal ve periodik görüntüleme
- Kontrastlı ya da kontrastsız MR, kontrastlı CT
- Yüzeysel, küçük lezyonlar için iskelet sisteminde tecrübeli radyolog varlığında USG ile

Evre II-IV hastalık

- İlk 2-3 yıl her iki-altı ayda bir, sonrasındaki 2 yıl için her altı ayda bir ve sonrasında yıllık anamnez ve fizik muayene, Toraks ve bilinen diğer metastatik bölgelerin görüntülenmesi
- Lokal rekürrens açısından postoperatif bazal ve periodik görüntüleme
- Kontrastlı ya da kontrastsız MR, kontrastlı CT önerilir

Kaynaklar

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