

Bölüm 17

TİROİD KANSER CERRAHİSİ SONRASI TAKİP SÜRECİ

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GİRİŞ

Tiroid kanseri, endokrin sistemin en sık görülen malignitesidir ve insidansı son yıllarda belirgin bir artış göstermektedir (1). Bu artış büyük ölçüde görüntüleme yöntemlerinin yaygınlaşması ve küçük tiroid nodüllerinin daha sık tespit edilmesiyle ilişkilidir (2). Papiller ve foliküler tiroid kanserleri gibi diferansiye tiroid kanserleri (DTK), genellikle yavaş seyirli ve iyi prognozlu olsalar da, lokal nüks ve uzak metastaz riskleri nedeniyle uzun süreli ve dikkatli bir takip gerektirir (3).

Bu bölümde, tiroid kanseri cerrahisi sonrası takip sürecine yönelik güncel kılavuzlar çerçevesinde bir değerlendirme sunulacak; risk sınıflandırmaları, izlem stratejileri ve uygulamada karşılaşılan zorluklar detaylı biçimde ele alınacaktır.

POSTOPERATİF ERKEN DÖNEM TAKİP

Postoperatif İlk Değerlendirme ve Evreleme

Tiroid kanseri tanılı hastalar cerrahi sonrası histopatolojik sonuçlarına göre tekrar değerlendirilmelidir. TNM evreleme sistemi, tiroid kanserlerinin evrelemesinde kullanılan standart yöntemdir (4). Bu evreleme sistemine göre, hastanın yaşı, tümörün boyutu, lokal invazyon varlığı, lenf nodu metastazı ve uzak metastaz varlığı değerlendirilir.

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Yapısal Tam Olmayan Yanıt:

- Aktif tedavi sürüyorsa daha sık, 3–6 aylık aralıklarla izlem gerekir.
- Tedavi sonrası stabil olan olgularda takip süresi uzatılabilir ancak ömür boyu izlem önerilir (3).
- ATA rehberine göre, rekürrens riski olmayan hastalarda bile düşük düzeyde de olsa yıllık Tg, anti-Tg ve TSH değerlendirmesi sürdürülmelidir (3).

SONUÇ

Tiroid kanser cerrahisi sonrası takip süreci bireyselleştirilmeli ve risk temelli olmalıdır. Takip sıklığı ve yoğunluğu, hastanın risk faktörlerine ve tedaviye yanıtına göre düzenlenmelidir. Multidisipliner yaklaşım ve hasta eğitimi, başarılı bir takip sürecinin temel unsurlarıdır.

Güncel kılavuzlar doğrultusunda titiz bir takip protokolü ile rekürrens erken dönemde saptanabilir ve tedavi edilebilir. Özellikle düşük riskli hastalarda gereksiz tetkiklerden kaçınılarak hem maliyet etkin bir yaklaşım sağlanabilir hem de yaşam kalitesi korunabilir.

Son yıllarda moleküler belirteçlerin ve yeni tedavi modalitelerinin kullanıma girmesiyle, tiroid kanserlerinin takibinde daha da bireyselleştirilmiş yaklaşımlar mümkün olacaktır. Takip protokollerinin tedavi yanıtına göre dinamik olarak revize edilmesi önerilmektedir.

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