Bölüm 7

TİROİD KANSERLERİNDE GÖRÜNTÜLEME YÖNTEMLERİ

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GİRİŞ

Tiroid bezinin malign hastalıkları, endokrin sistemin en sık karşılaşılan neoplastik süreçlerini oluşturur ve özellikle papiller tiroid karsinomu (PTK) başta olmak üzere diferansiye tiroid kanserlerinin sıklığında son yıllarda belirgin bir artış gözlenmektedir. Bu artış, büyük oranda ileri görüntüleme tekniklerinin yaygın kullanımı, toplum bazlı tarama programlarının etkinliği ve ince iğne aspirasyon biyopsisinin (İİAB) daha sık uygulanmasıyla ilişkilendirilmektedir. Bununla birlikte, tiroid maligniteleri genellikle yavaş seyirli ve prognozu iyi olan tümörlerdir; bu nedenle doğru tanı, evreleme, tedavi planlaması ve takip süreçlerinde görüntüleme yöntemlerinin etkin kullanımı, hasta yönetimi açısından büyük önem taşır (1,2).

Tiroid nodüllerinin yönetimi, yüksek saptanma oranı ve tiroid kanseri insidansındaki artış nedeniyle tartışmalıdır. Palpe edilebilir tiroid nodüllerinin prevalansı düşük olmasına rağmen (%3–4), insidental tiroid nodülleri ultrasonografi (US) ile %17–67 oranında, boyun bilgisayarlı tomografi (BT) veya manyetik rezonans görüntüleme (MRG) ile %16–17 oranında, 18F-florodeoksiglukoz (FDG) pozitron emisyon tomografisi (PET)/BT ile %1–2 oranında ve otopsi örneklerinde %60 oranında saptanabilmektedir (1). Palpe edilebilir tiroid nodülü olan hastaların %5'inde, İİAB ile değerlendirilen palpe edilemeyen

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