6. BÖLÜM

PAPİLLER RENAL HÜCRELİ KARSİNOM

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GİRİŞ

Böbrek tümörlerinin görülme oranları ve mortalitesi her geçen yıl artmaktadır. Globocan verilerine göre 2012'de 213.000 yeni vaka gözlenirken, 2018'de 403.000'e ulaştığı belirtilmektedir. Görülme oranları ülkelerin sosyo ekonomik gelişmişlik düzeyleri, çevresel etkenler yanısıra yaş, cinsiyet gibi pek çok etkene göre değişmektedir. Örneğin; Böbrek Kanserleri görülme insidansı erkeklerde 9'uncu, kadınlarda 14. sıradadır. Yeni vakaların yaklaşık olarak % 70'i sosyo ekonomik olarak orta ve yüksek gelişmişlik gösteren ülkelerde gözlenmektedir. Ölüm hızı olarak tüm kanserler içerisinde 16.sıradadır. Ölüm hızıda yüksek gelişmişlik gösteren ülkelerde daha yüksektir (1, 2).

Böbreklerin çok çeşitli benign ve malign tümörleri vardır. Kortikal adenomlar, medüller fibromlar, onkositomlar gibi değişik tip ve boyutlar da olan benign tümörler yanısıra özellikle böbrek tubulus epitelinden kaynaklanan Renal Hücreli Karsinomlar (RHK) böbreğin en sık gözlenen malign tümörlerini oluşturmaktadır (1, 2). Renal hücreli karsinom tanımı tubülüs epitelinden köken alan farklı morfolojik ve genetik özelliklere sahip tümörleri kapsamaktadır. Bunların içerisinde en sık gözleneni Berrak Hücreli Renal Hücreli Karsinomlardır (BHRHK). Tüm renal hücreli karsinomların yaklaşık olarak %70-80'ini BHRHK karsinomlar oluştururlar. İkinci sıklıkta ise Papiller Renal Hücreli Karsinom (Papiller RHK) grubu gözlenmektedir (1, 2, 3).

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