

7. BÖLÜM

HEREDİTER LEİOMYOMATOZİS VE BÖBREK HÜCRELİ KARSİNOM İLİŞKİLİ BÖBREK HÜCRELİ KARSİNOM

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TANIM

Fumarat hidrataz (FH)'ı kodlayan FH geninde mutasyon saptanan herediter leiomyomatozis ve böbrek hücreli karsinom (HLBHK) sendromu ile ilişkili olan böbrek tümörüdür. Klinik bulguların ve böbrek tümörü morfolojisinin uygun olduğu hastalarda kesin tanı için gen mutasyonu saptanmalıdır.

EPİDEMİYOLOJİ

Herediter leiomyomatozis ve böbrek hücreli karsinom ilişkili böbrek hücreli karsinom (HLBHK) nadir bir tümördür. Hastaların büyük bir kısmında böbrek tümörü diğer böbrek tümörlerine göre daha genç yaşta (50 yaş ve altı) saptanmasına rağmen bir kısım hastada tanı 50 yaş üzerinde konulur (1-9). Erkek ve kadınlarda tümörün görülme sıklığı benzer olmakla birlikte erkeklerde 2-3 kat daha sık izlendiği de bildirilmiştir. Beyaz ırkta, Afro-Amerikalılara göre daha sık (%70) izlenir (7, 8).

ETİYOLOJİ VE PATOGENEZ

Sendroma sahip olduğu kanıtlanan hastalarda doğumla beraber kromozom 1q42.3-q43'te yerleşen FH geninde otozomal dominant aktarılan germline mutasyon bulunur. Genç yaşlarda bu mutasyona ek olarak sağlam allelde de FH gen inaktivasyonuna neden olan mutasyon saptandığında HLBHK sendromu tanısı konulur (10, 5, 11). Hastalarda FH geninin bulunduğu kromozom bölge-

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karsinom lehineyken; SMARCB1, FH ve müsin boyalarındaki pozitiflik ile 2SC negatifliği toplayıcı duktus karsinomu lehinedir (48, 7).

PROGNOZ VE TEDAVİ

Hereditör leiomyomatozis ve böbrek hücreli karsinom sendromu ilişkili böbrek hücreli karsinom tanısı konulan hastaların yarısında tanı anında en sık retroperitoneal ve mediastinal lenf nodları olmak üzere akciğer, karaciğer ve kemik metastazları saptanır (2, 4, 28, 7, 8). Diğer hereditör böbrek tümörlerinin aksine yüksek dereceli olan bu karsinom agresif seyir gösterir (48, 2-4, 49, 28, 7, 13, 8). Bu nedenle, karsinom hücrelerinde izlenen karakteristik özellikleri tanıyarak hastalara FH gen mutasyonu analizi yapılması ve aile üyelerinin de sendromun varlığı açısından araştırılarak yakından takip edilmesi çok önemlidir (50). Küçük tümörlerde (T1) dahi bölgesel lenf nodu metastazı ya da uzak metastaz saptanması nedeniyle tümörler ileri evre (Evre 3 ya da 4) olarak sınıflandırılır. Tedavide ferroapoptoz yolağının indüklenmesi, oksidatif stresin artırılması, metabolik yolak değişiklikleri, PD-L1 immünoterapisi gibi yöntemler denenmektedir. Bu yöntemlere rağmen geniş ve kapsamlı bir cerrahi operasyon yapılması önerilir (4).

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