

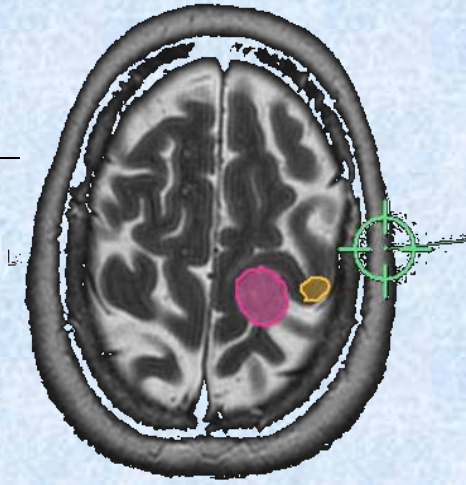


KAFA İÇİNDE YER KAPLAYAN LEZYONLAR “BEYİN TÜMÖRLERİ”

Prof. Dr. Ali Savaş

Ankara Üniversitesi Tıp Fakültesi

Nöroşirürji Anabilim Dalı





NÖRO-ONKOLOJİ

18 / 100 000 –İnsidans

- 1- Intraaxial Beyin Tümörleri**
Glial Tümörler (%40), GBM (%25)...vb
 - 2- Beyin Metastazları (%25)**
 - 3- Meningeal Kökenli Tümörler (%10)**
Meningeomalar...vb
 - 5- Hipofiz Tümörleri (%5)**
 - 4- Kranial Sinir Kökenli Tümörler (%3)**
Akustik Nörinoma
-
- 6- Vaskuler kökenli tm**
 - 7- Lenfomalar**
 - 8- Germ hücreli tm**
 - 9- Malformatif tm- Kraniofaringeomalar**
 - 10- Kafa tabanı tm...vb.**



NÖRO-ONKOLOJİ ETİYOLOJİ

**1- Familial – Konjenital Genetik Faktörler –
Nörofibromatozis ...vb**

2- Akkiz Genetik Faktörler –

a) Tümör supresyon genleri

**b) Mutasyonlar: Radyasyon, Kimyasal maddeler
(Nitroso, kloridler), viruslar (retrovirus)**

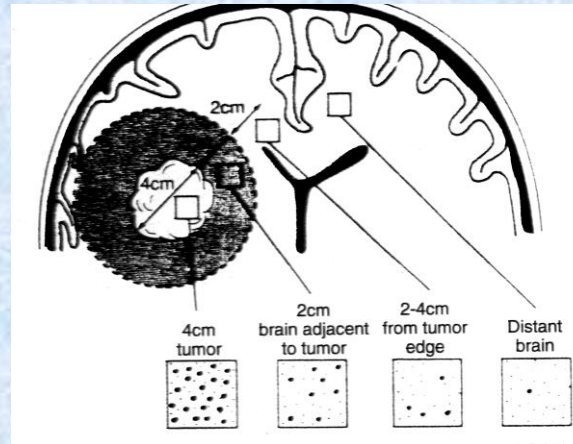
**c) Onkogenetik faktörler--- Growth faktör – over-
expression**

3- Kişisel faktörler: travma, immunité (AIDS), beyin hastalığı



NÖRO-ONKOLOJİ PATOGENEZ

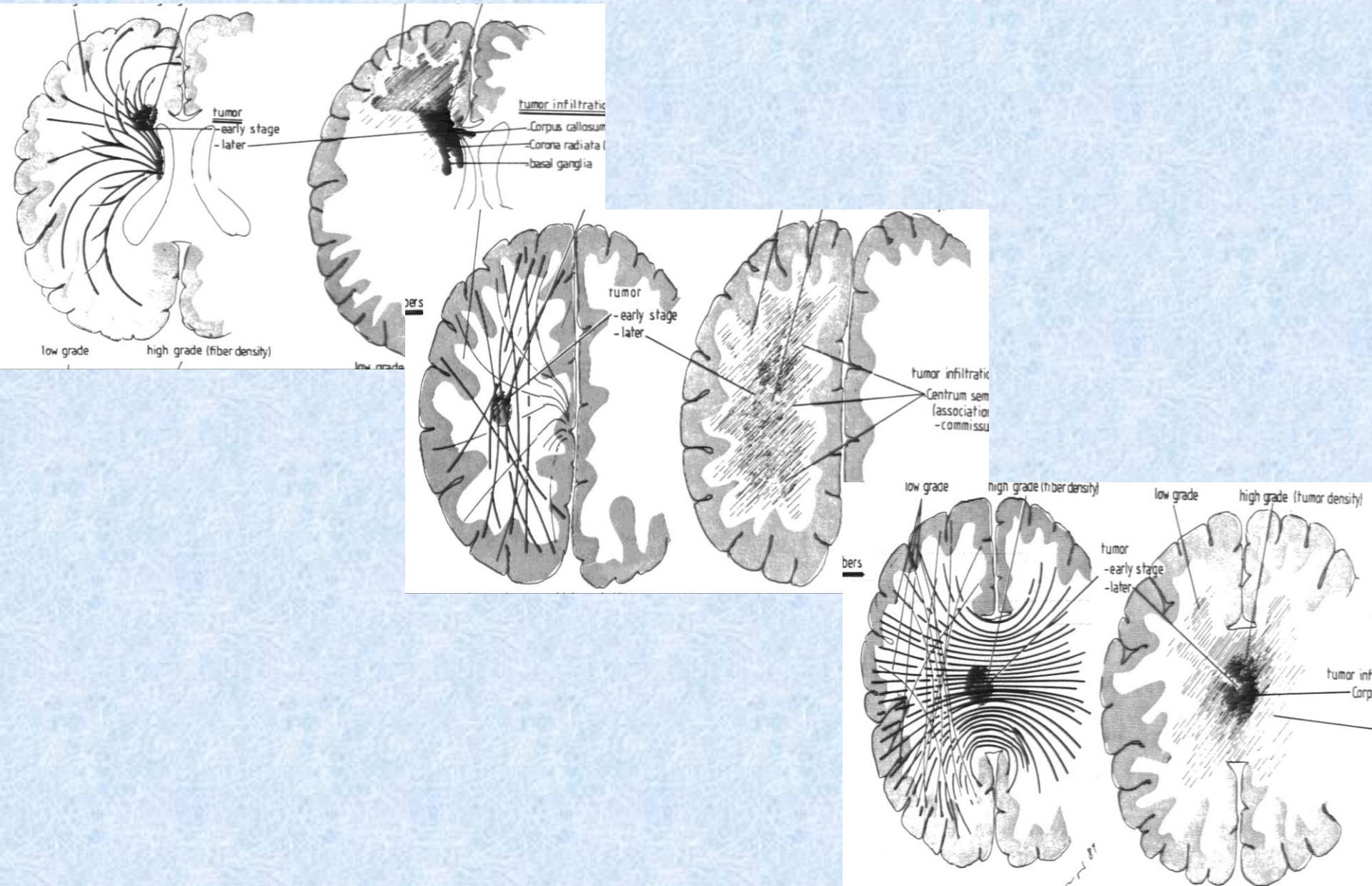
- 1- Glial patogenez- multipotent glial hücre kökenli
- 2- Klonojenik hücreler
- 3- DNA mutasyonları
- 4- Kişisel dahili etkileşimler
- 5- İnvazivlik- proteazlar, plazminojen aktivatörleri- aksonal yollar boyunca ilerleme
- 6- İmmün supresyon- sitokinler – immün yetersizlik



GBM tüm beynin hastalığıdır.



NÖRO-ONKOLOJİ PATOGENEZ





BEYİN TÜMÖRLERİ SEMPTOM VE BULGULAR

- **Şikayetler: Baş ağrısı, kusma (sabah), epileptik nöbet, ekstremitelerde güçsüzlük, dengesizlik ...vb.**
- **Bulgular:**
- **Kafaiçi basıncı artışına bağlı genel bulgular:**
 - Papilla Ödemi**
 - Konfuzyon ---- Koma**
- **Lokalizasyona bağlı SSS lokal bulguları:**
 - Hemiparezi (Parietal)**
 - Disfazi (Sol-Frontal)**
 - Davranış boz. (frontal)**
 - Görme boz (optik, oksipital, radiatio)**
 - Bitemporal hemianopsi (hipofiz tm.)**
 - Dengesizlik (serebellum) ...vb**



BEYİN TÜMÖRLERİ TANI

➤ **MRI**

➤ **BT**

➤ **Anjiografi**





BEYİN TÜMÖRÜ TEDAVİSİ

1- Total eksizyon (?)

2- Gross-total & Sub-total eksizyon

3- Parsiyel eksizyon

4- Stereotaktik Biyopsi (%5-10)

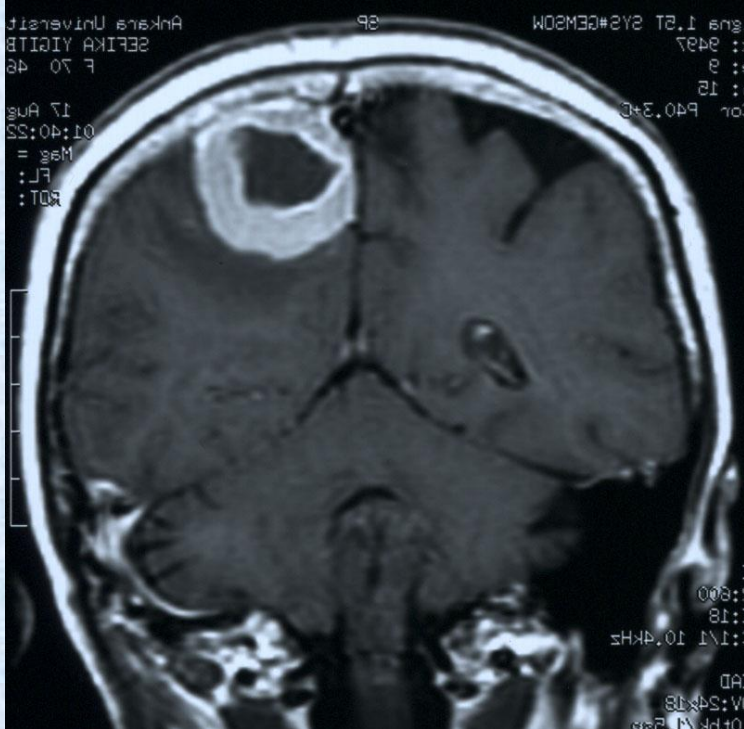
+ Radyoterapi, Radyasyon Cerrahisi, Kemoterapi



BEYİN TÜMÖRÜ CERRAHİ REZEKSİYON

Beyin Tümörü Rezeksiyon Nedenleri:

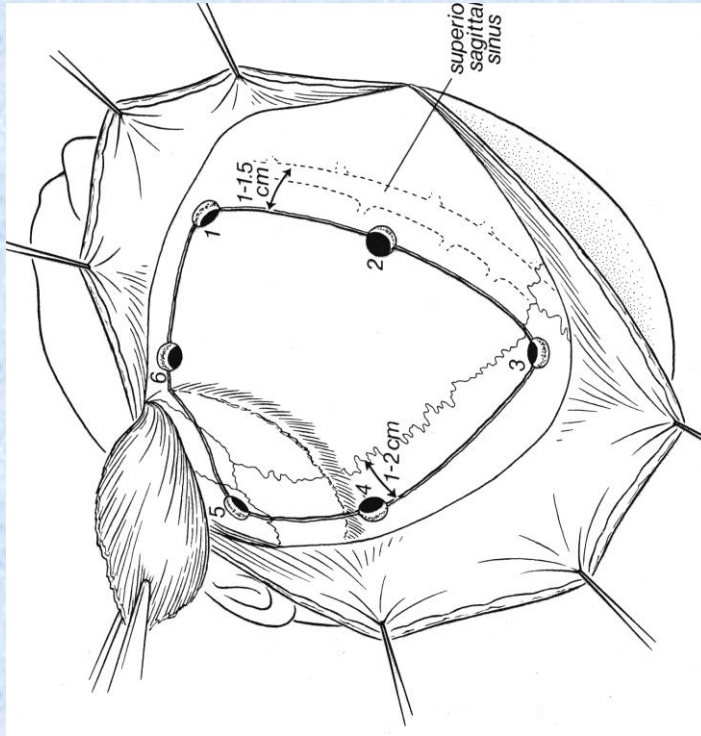
- 1- Nöronal Dekompresyon; KIBAS**
- 2- Neoplastik Sitoredüksiyon; rekürrens**
- 3- Histopatolojik tanı**



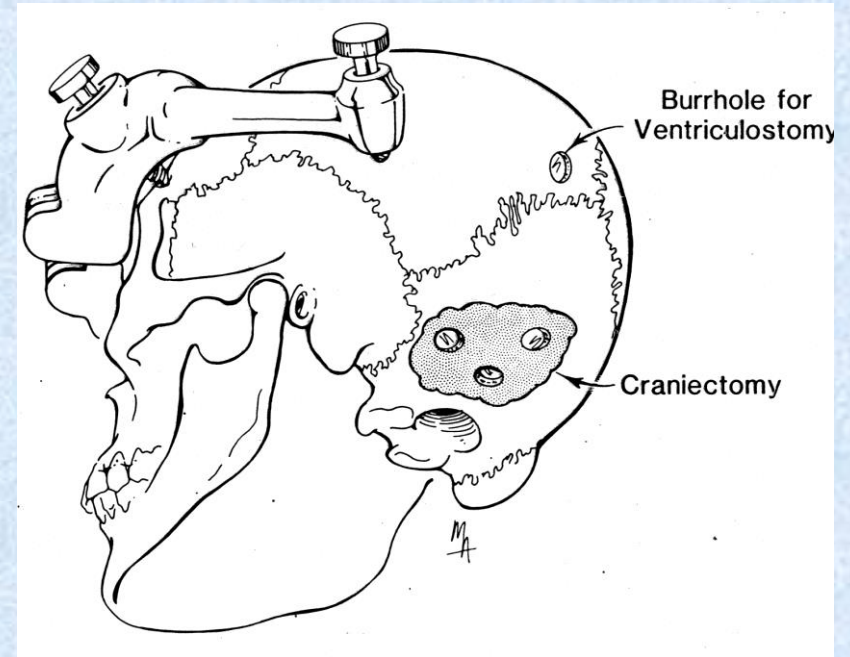


NÖROŞİRÜRJİ (Nörolojik Cerrahi)

Kraniotomi



Kraniektomi



Burr-hole (trepinasyon)

ANKARA ÜNİVERSİTESİ
TIP FAKÜLTESİ



BEYİN TÜMÖRÜ CERRAHİ REZEKSİYON

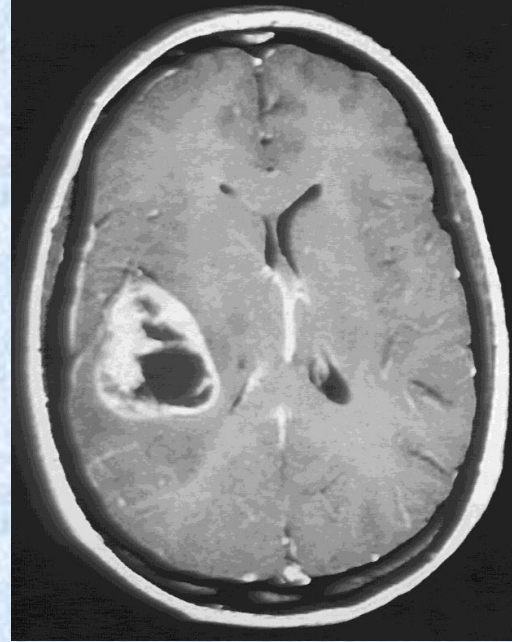
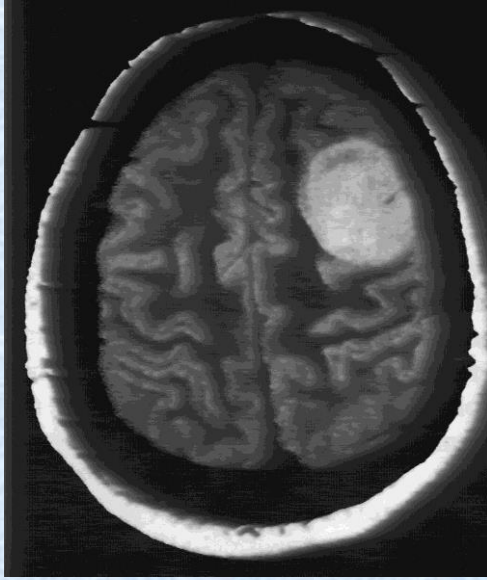
Lobar yerleşimli tümörler





BEYİN TÜMÖRÜ CERRAHİ REZEKSİYON

Lober yerleşimli tümörler





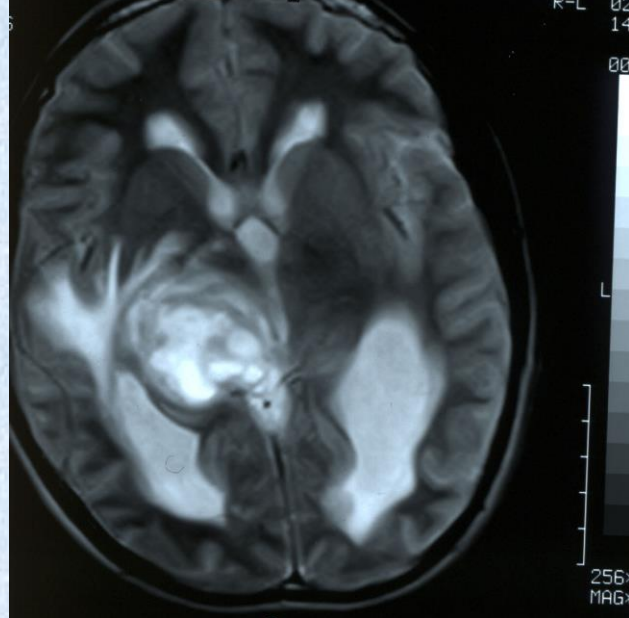
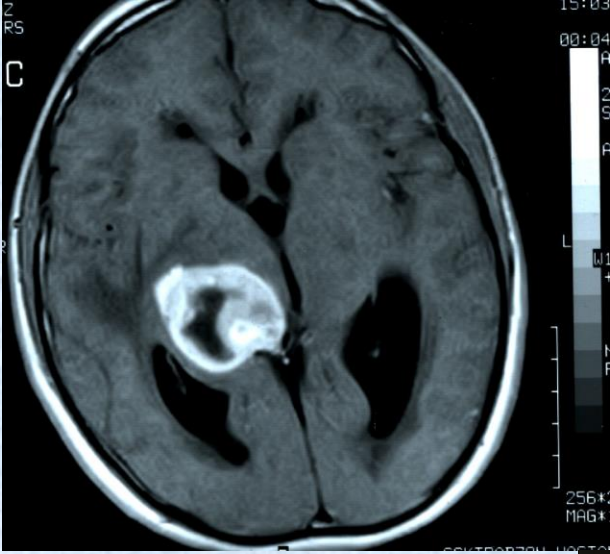
TALAMİK ASTROSİTOMA

(17 y, E)

Baş ağrısı

Konfüzyon

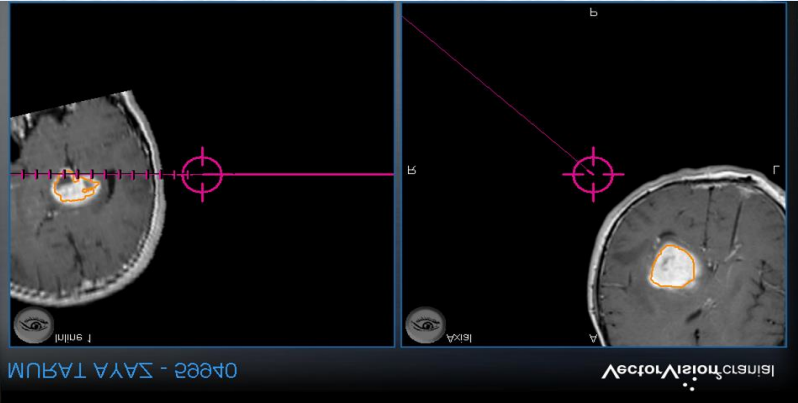
Papilla Ödemi





TALAMİK ASTROSİTOMA & NAVİGASYON

Navigation control panel with buttons: **Register**, **System**, **Toolbox**, **0.0 mm**, **Tooltip**, **Offset**, **Freeze**, **Traject**, **Target**, **100 %**, **Zoom**, **Reset**, **P1**, **P2**, **P3**, **M1**, **M2**, **M3**, **Display**, **Screenshot**.



Navigation control panel with buttons: **Register**, **System**, **Toolbox**, **0.0 mm**, **Tooltip**, **Offset**, **Freeze**, **Traject**, **Target**, **100 %**, **Zoom**, **Reset**, **P1**, **P2**, **P3**, **M1**, **M2**, **M3**, **Display**, **Screenshot**.

MURAT AYAZ - 59940
VectorVision²cranial interface showing multiple MRI views (Inline 1, Axial, Coronal, Sagittal, Inline 2) and a large video window of the surgical field. The text "AYAZ" is visible at the bottom.

VectorVision²cranial interface showing a large video window of the surgical field with an orange outline. Below are two MRI views: Sagittal and Inline 2. The text "AYAZ" is visible at the bottom.

10/4/02 - 11:57

10/4/02 - 11:40 AM



TALAMİK ASTROSİTOMA & NAVİGASYON

MURAT AYAZ - 59940

VectorVision²cranial

Register

System Toolbox

0.0 mm

Tooltip Offset

Freeze Traject Target

100 %

Zoom + -

Reset

P1 P2 P3

Display

M1 M2 M3

Screenshot

Inline 1

Video

Axial A

R L

P

Coronal H

R L

F

Sagittal H

L A P

F

Inline 2

10/4/02 - 13:57 PM

CLOSE

Video

Sagittal H

Inline 2

A P

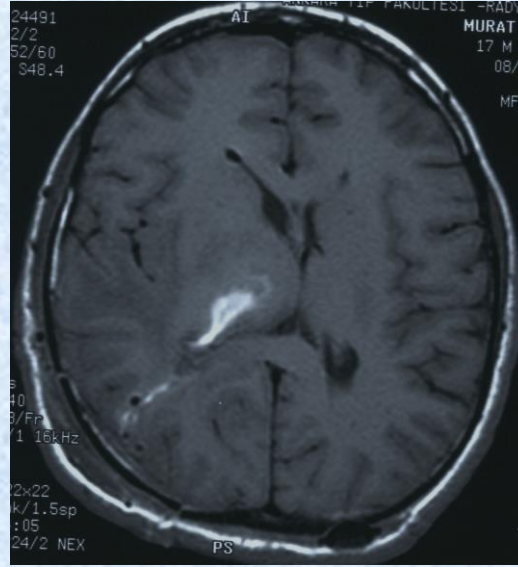
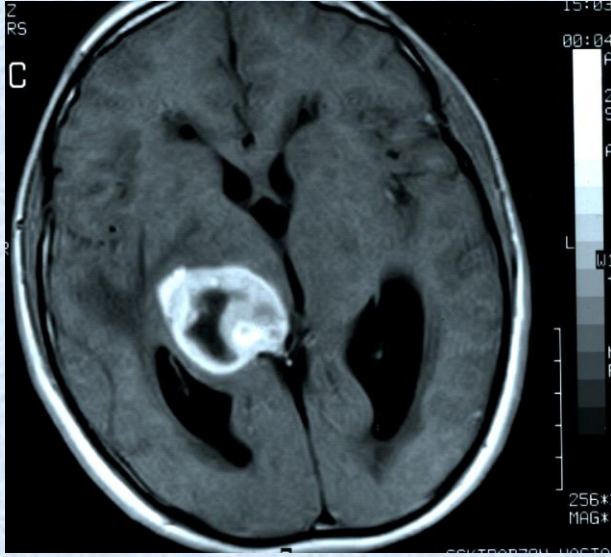
F

10/4/02 - 14:12

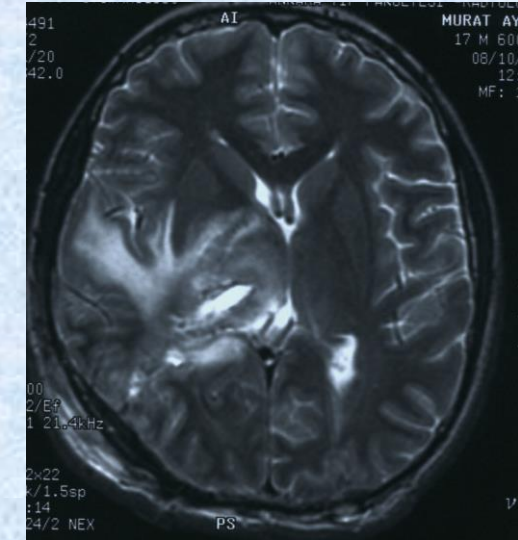


TALAMİK ASTROSİTOMA

PREOP.



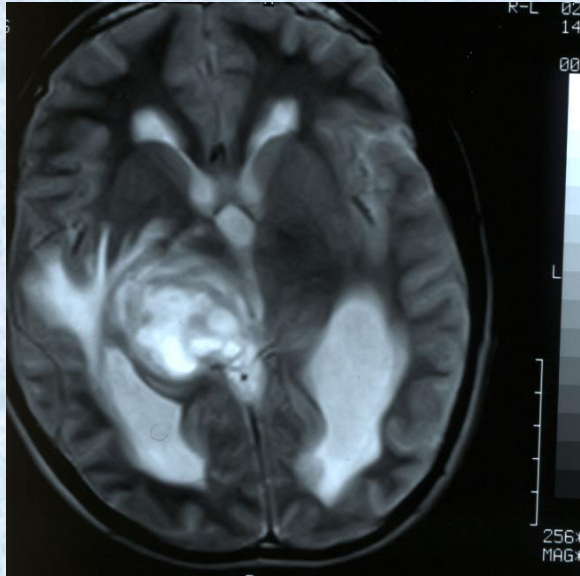
POSTOP.



Astrositoma-G-III

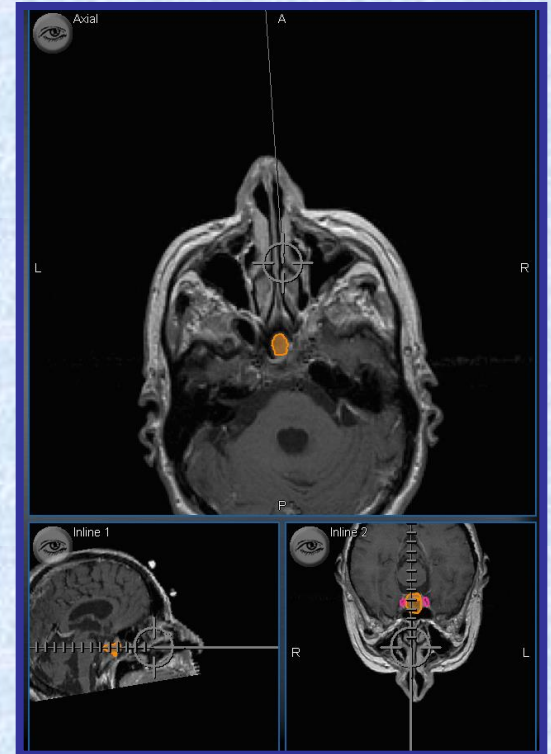
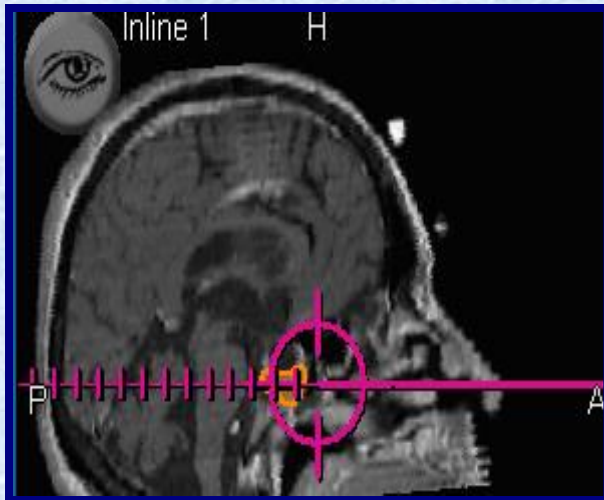
3. Yıl

Nörolojik defisit yok



HİPOFİZ ADENOMLARININ CERRAHİ TEDAVİSİ

TRANSNAZAL-TRANSSFENOİDAL CERRAHİ Mikroadenoma

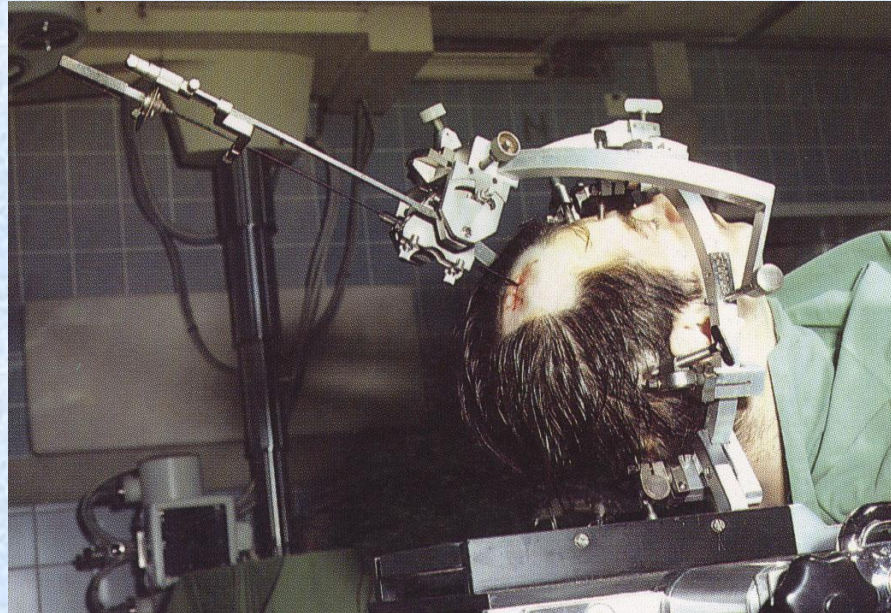


Transkraniyal Cerrahi

STEREOTAKTİK BEYİN TÜMÖRÜ BİYOPSİSİ

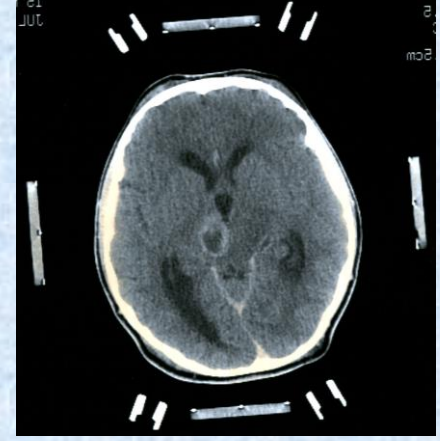
Stereotaktik Biyopsi:

- 1- Minimal invaziv teknik
- 2- Histopatolojik tanı

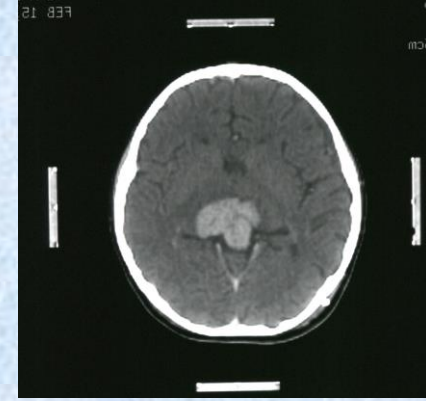


BEYİN TÜMÖRLERİNDE STEREOTAKTİK BİYOPSİSİ

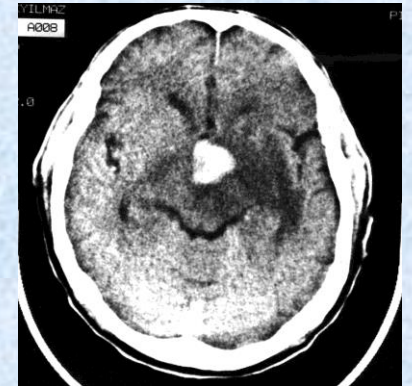
- Derin veya kritik lokalizasyonlu tümörler
 - **Talamik glioblastom**



- Tümör sadece radyoterapi veya radyoşirürji yeterliyse - **Germinom, lenfoma**



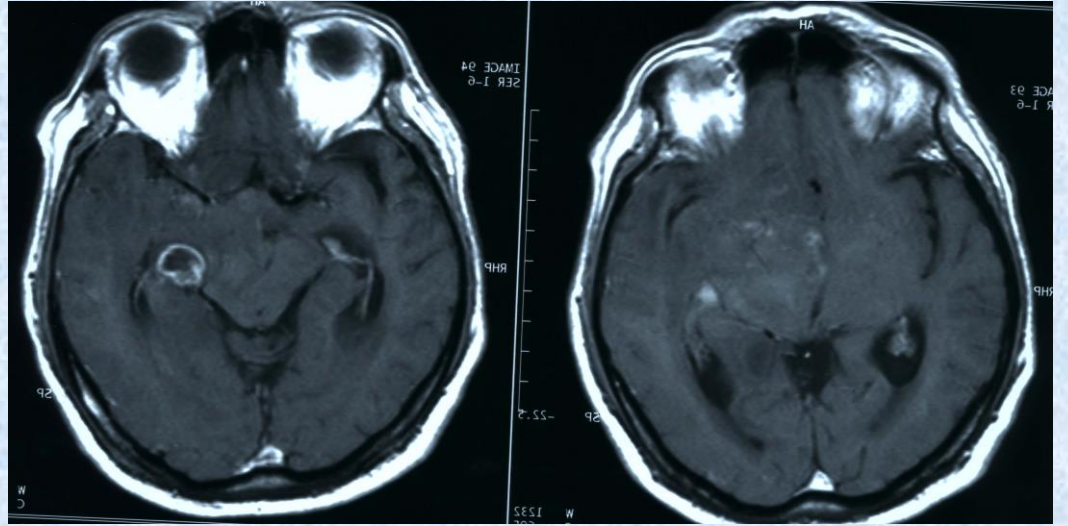
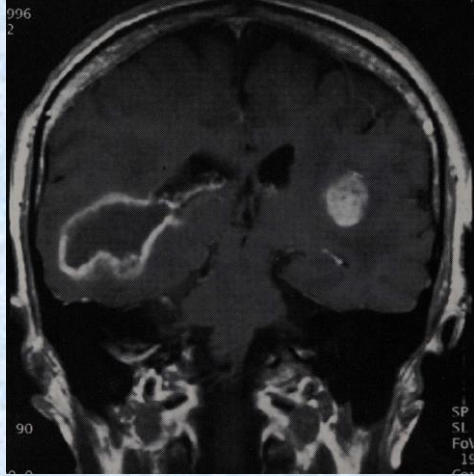
- Non-neoplastik bir hastalıktan şüpheleniliyorsa
 - Tuberkuloma, Multiple sclerosis, Sarkoidoz**





BEYİN TÜMÖRLERİ

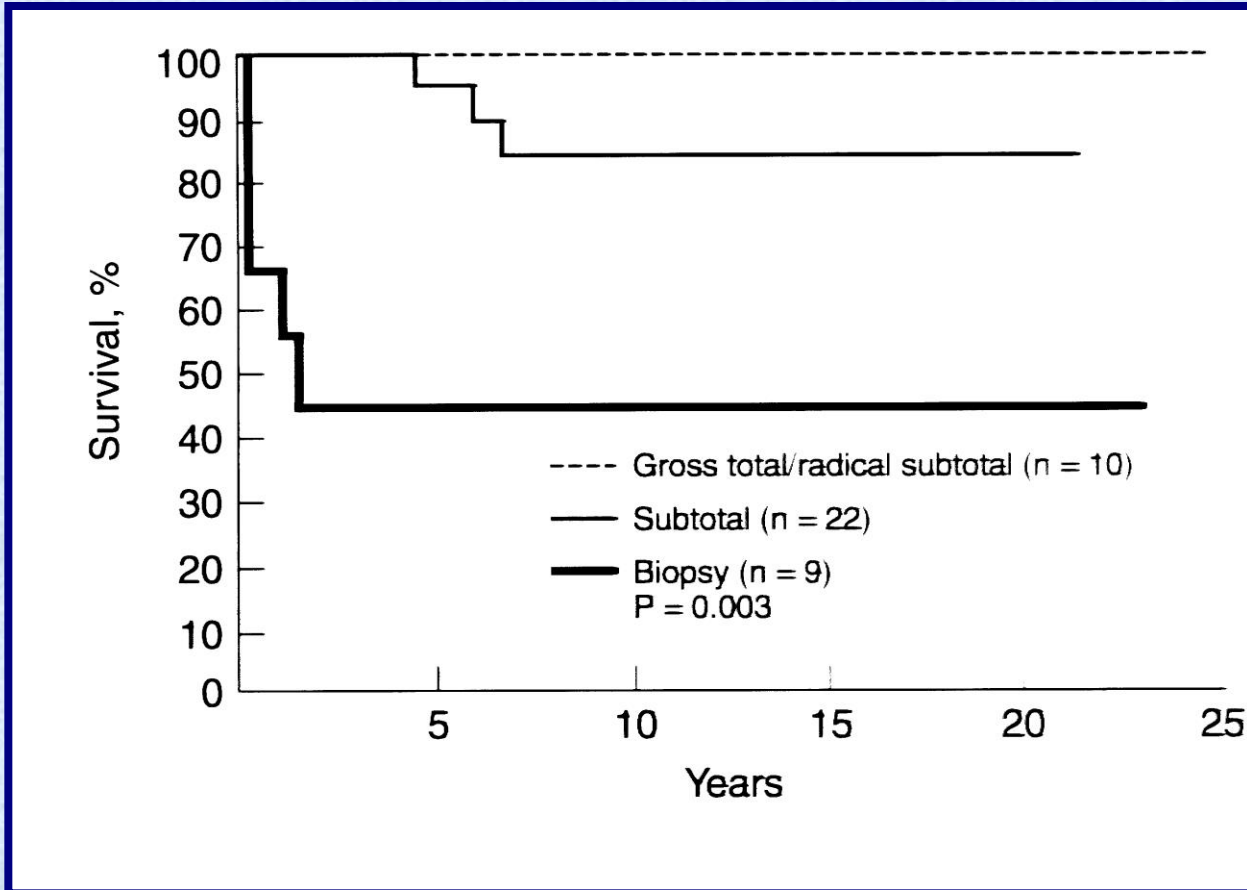
Diffüz, multifokal, derin, fonksiyonel (*)





BEYİN TÜMÖRÜ & CERRAHİ REZEKSİYON GENEL SONUÇLAR

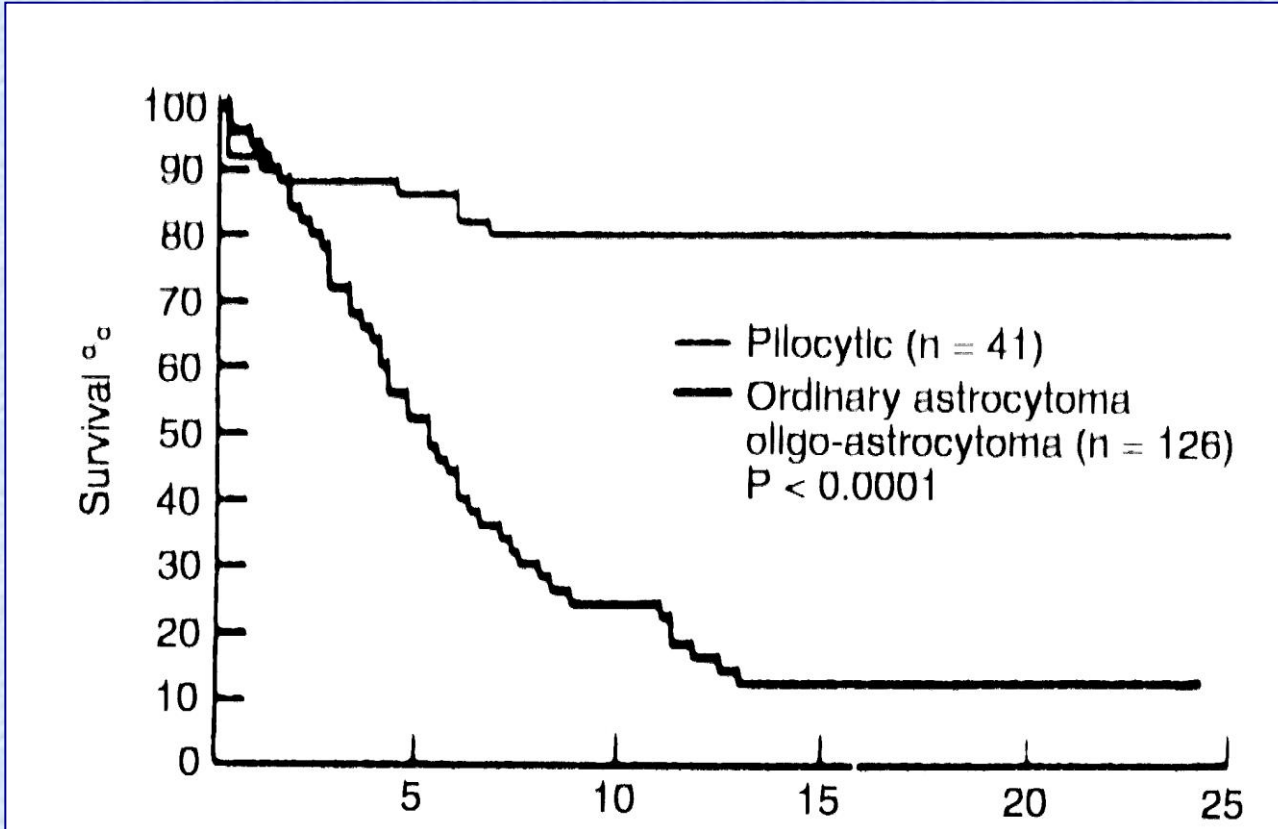
-Düşük gradeli glial tümörler
-Grade-I - Pilositik astrositomalar- 10 yıl- %80





BEYİN TÜMÖRÜ & CERRAHİ REZEKSİYON GENEL SONUÇLAR

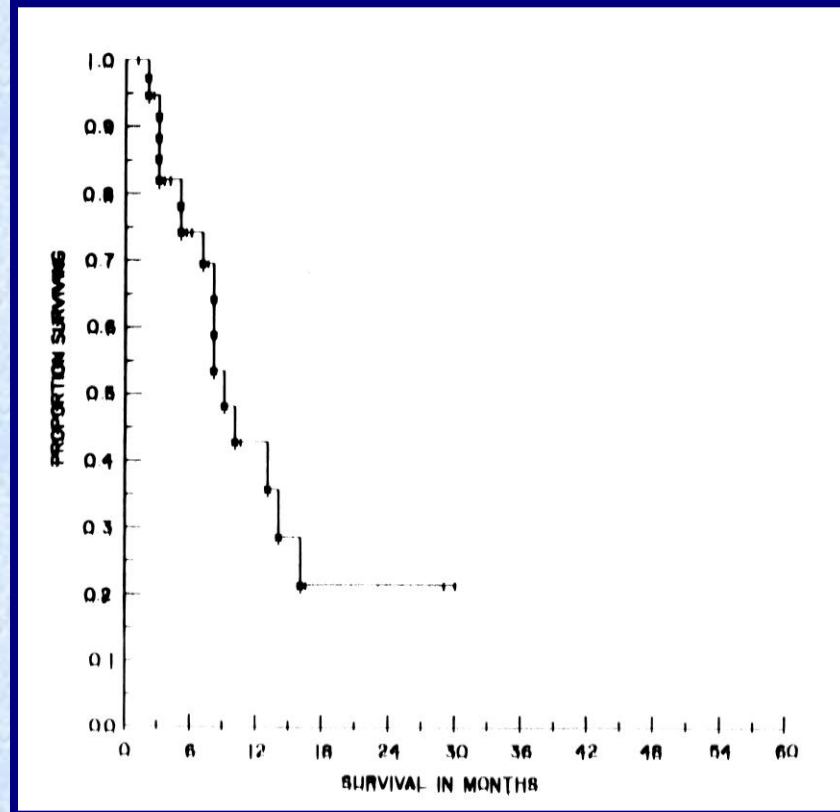
- Düşük gradeli glial tümörler
- Grade-II - astrositomalar
- 10 yıl %30 yaşam oranı – 3,5 yıl





BEYİN TÜMÖRÜ & CERRAHİ REZEKSİYON GENEL SONUÇLAR

-Anaplastik Astrositoma- (III)
-5 yıl %20; 2 yıl

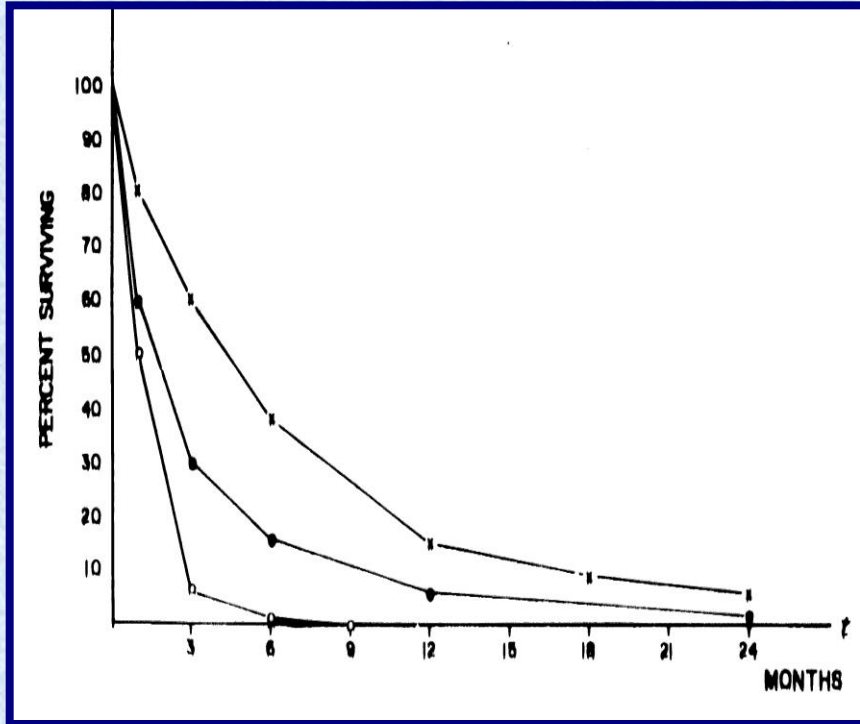




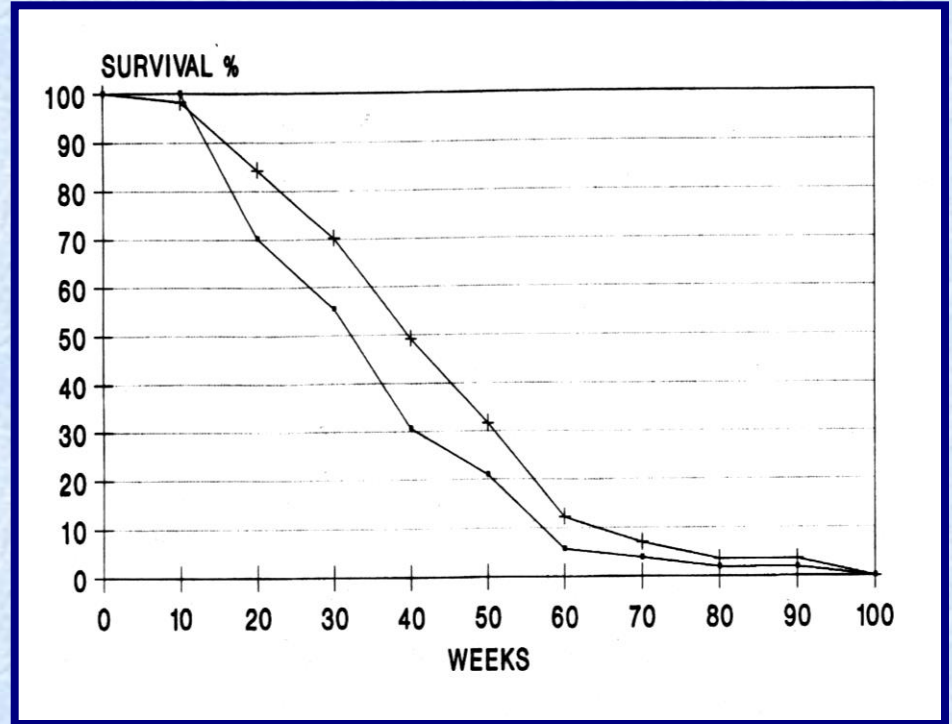
BEYİN TÜMÖRÜ & CERRAHİ REZEKSİYON GENEL SONUÇLAR

**-Glioblastoma Multiforme (IV)
-5 yıl % 3; 9 ay**

RT (-)



Stx 32 vs 39.5 ay Resect. + RT



Kreth et al. Freiburg