Bölüm
45

KRANİAL METASTAZLARDA RADYOTERAPİNİN YERİ

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GİRİŞ

Beyin metastazı erişkinlerde en sık görülen intrakranial tümörlerdir. Kanser hastalarının yaklaşık %20-40'ında beyin metastazı gelişebilmektedir (1). Akciğer (%16-20), renal karsinom (%6-10 melanom (%7), meme (%5) ve kolon karsinomu (%1-2) tümörleri en sık beyine metastaz yapan tümörlerdendir (2-3). Beyin metastazlarının prognozu oldukça kötüdür ve nörolojik fonksiyon bozukluğuna bağlı olarak hastaların yaşam kalitelerini de önemli ölçüde etkilemektedir (2). Beyin metastazlı hastalarda, kafa içi basıncının artmasına bağlı semptomlar (baş ağrısı, kusma, güçsüzlük ve nöbetler) olabileceği gibi hemiparezi, afazi, hemianopsi gibi fokal nörolojik defisitler de görülebilmektedir (1). Bu nedenle beyin metastazlarının palyatif tedavisinde bu semptomlara hızla müdahale etmek gerekmektedir. Bu hastalara uygulanacak tedavinin amacı; palyasyon sağlamak ve sinir sistemi fonksiyonlarını koruyabilmektir. Hastanın nörolojik durumu, primer tümörün evresi, metastazların sayısı, büyüklüğü ve yerleşim yeri uygulanacak tedavinin seçiminde dikkate alınması gerekmektedir. Bu sebeple beyin metastazının tedavisinde çeşitli prognostik ölçekler tedavi yöntemine karar verirken kullanılmaktadır.

Son yıllarda cerrahi ve radyocerrahi teknikleri geliştikçe intrakranial hastalığın lokal kontrolü daha iyi sağlamaktadır (4). Beyin metastazlarının tedavisinde cerrahi, stereotaktik radyocerrahi (SRS) ve tüm beyin radyoterapisi (TBRT) yapılmaktadır. TBRT, intrakranial tümör yükü yüksek birçok hasta için birincil tedavi yöntemi olmasına rağmen, SRS veya cerrahi rezeksiyon gibi tedavi yöntemlerinden de faydalanmak gerekmektedir. Çünkü TBRT'si diğer yöntemlere göre daha iyi bir genel sağkalım sağlamamakla birlikte, yan etkiler ve nörokognitif bilişsel bozukluğa bağlı olarak yaşam kalitesini düşürebilmektedir (5-7).

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SRS'nin nörokognitif fonksiyonlar üzerindeki uzun vadeli etkileri iyi çalışılmamıştır, ancak mevcut veriler güven vericidir (57). TBRT'de ise SRS'ye göre daha fazla nörokognitif bozukluklar bildirilmiştir (38).

Nörokognitif bozukluk riskini azaltmak için çeşitli stratejiler aktif olarak araştırılmaktadır (27). Bu araştırmalardan biri memantin ile yapılmıştır. Memantin, beyin metastazlı hastalarda TBRT ile eş zamanlı verilen oral N-metil-D-aspartat (NMDA) reseptör antagonistidir. Çok güçlü kanıtları olmamakla birlikte, bazı çalışmalarda memantinin kognitif bozulma sürecini geciktirebildiği ve hastalar tarafından tolere edilebildiği vurgulanmıştır (58,59). Ancak nörokognitif bozulmayı azaltacak en önemli korunma yolu, radyoterapi sırasında normal dokuların (özellikle hipokampusun) korunması gibi gözükmektedir.

SONUÇ

Sonuç olarak beyin metastazlı hastaların tedavisinde, hastaların performansı, fonksiyonel durumu, hastalığın yaygınlığı, hastalığın pimeri, varsa önceki tedavi modalitesi, metastaz sayısı, tümör hacmi ve rekürrens olup olmadığı göz önüne alınarak SRS, rezeksiyon, TBRT veya bunların kombinasyonları uygulanabilir.

Anahtar kelimeler: Beyin metastazı, radyocerrahi, tüm beyin radyoterapisi.

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