

14. BÖLÜM

AKCİĞER KANSERİNDE İNTRAOPERATİF BRAKİTERAPİ

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GİRİŞ

Akciğer kanseri tanılı hastaların büyük bir çoğunluğu klinik olarak ileri evrede yakalanmaktadır. Bu hastaların çoğunda yaşam beklentisi kısadır ve palyatif tedavi edilirler. Kontrol edilemeyen lokal veya tekrarlayan hastalık nedeniyle hastalarda öksürük, dispne, hemoptizi, obstrüktif pnömoni veya atelektazi görülebilmektedir. Bronş kanserinde endobronşial obstrüksiyonun sebep olduğu solunum güçlüğünün palyatif tedavisinde brakiterapi (BRT) en etkili yöntemlerden biridir ve hastaların yaşam kalitesini belirgin olarak artırır. Erken endobronşial hastalıkta postoperatif küçük rezidüsü olan peribronşial hastalığın definitif tedavisinde brakiterapinin küratif uygulanmasının sınırlı ama spesifik bir rolü vardır. Lezyonun yerleşimine göre bazı vakalarda brakiterapi bir tedavi seçeneğidir. Brakiterapi seçeneği hızlı, ucuz ve ayaktan başvuran hastalar için kolaydır.

AMAÇ

Akciğer kanseri dünya çapında bir sağlık problemi olup kadın ve erkekte kansere bağlı ölümlerin en önemli sebebidir. Sigara içmek, sigara dumanına maruziyet (pasif içicilik) en büyük risk faktörüdür. Radon gazı, hava kirliliği, asbestos, ve kimyasal maruziyetler ile de risk artmaktadır. Akciğer kanseri cerrahi, kemoterapi, radyoterapi veya bu tedavilerin kombinasyonları ile agresif tedaviye rağmen erken ve yüksek oranda tekrarlama oranına sahiptir ⁽¹⁾.

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YAN ETKİLER

Pnömotoraks, bronkospazm, hemoptizi, kardiak aritmi, kardiak arrest, hipotansiyon gibi akut yan etkiler hastaların %1-3'ünde görülmüş. BRT sonrası haftalar ya da aylar sonra görülebilen geç yan etkilerin tümör progresyonu mu BRT yan etkisi mi olduğu ayırımı yapmak daha zordur.

Ciddi hemoptiziye sebep olabilecek faktörler; daha önce yükdek doz EBRT almak, birden çok fraksiyonda BRT, tümör yerleşim yeri özellikle sol üst lob ve ışınlanan bronşu segmentinin uzunluğu. Fatal hemoptizi oranı literatürde %0-18,9 arasında değişmektedir. Ancak çoğu araştırmacıya göre fatal hemoptizinin sebebi tümör progresyonudur^(27,62).

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