Bölüm
21

KANSER HASTALARINDA KAS İSKELET SİSTEMİ AĞRILARINA YAKLAŞIM

Sevil OKAN[1]

GİRİŞ

Kanserin erken teşhis ve tedavisindeki ilerlemeler sayesinde kanser hastalarında yaşam beklentisi artmıştır (1).Tedavi sürecinde veya tedavinin tamamlanmasından sonra ortaya çıkan uzun süren semptomlar, kanser hastalarını rehabilitasyon alanı için giderek daha önemli bir popülasyon haline getirmektedir(2). Kanser, vücudun günlük rutin aktiviteler sırasında ağırlık taşıma, hareket etme kabiliyetinin azalması ile ilişkilidir. Bunun sonucunda, ekstremiteler, omurga ve kaslar; özellikle hareket sırasında ağrı kaynağı haline gelir. Sağlam kas-iskelet sistemi yapıları bile, kanser ve tedavisinin neden olduğu biyomekanik değişikliklerin sonucu olarak ağrılı hale gelebilir(3). Kas-iskelet sistemi ağrısı, mekanik, biyomekanik, psikolojik ve sosyal faktörlerin karmaşık etkileşiminden kaynaklanır(4). Kansere bağlı kas-iskelet sistemi ağrısı dört ana mekanizmadan kaynaklanmaktadır. Bunlar; doğrudan tümör invazyonu, kanser tedavisi veya lokal tümör etkileri ile indüklenen değişiklikler, önceden var olan kas-iskelet sistemi ağrısının alevlenmesi ve yukarıdakilerden herhangi birine bağlı hipertonisite ve spazmdır(5).

Kanserli hastalarda en sık görülen, süreklilik arzeden ve hastaların en çok korktukları semptom ağrıdır; bu nedenle ağrı başlangıcını geciktirmek hastanın bakış açısından önemli bir tedavi başarısıdır. Ağrıyı hafif düzeyde tutmak, daha iyi fonksiyon ve yaşam kalitesi ile ilişkilendirilmiştir (6). Kas-iskelet sistemi ağrısının tedavisinde farmakolojik ajanlar, farmakolojik olmayan (fiziksel, psikolojik, sosyal / çevresel) müdahaleler, ve invaziv (cerrahi) yöntemler kullanılır(7).

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SONUÇ

Sonuç olarak kanser hastaları hem hastalığa, hem tedavisine bağlı çeşitli kas iskelet sistemi ağrısı ile karşımıza çıkabilir. Hastaların ağrısının şiddetli olması, sistemik tutulumlarının olması ve eş zamanlı kullanılan ilaçlar ağrı tedavisini zorlaştırmaktadır. Analjezik basamak tedavisi, fizik tedavi, minimal invaziv analjezik girişimler, radyoterapi, cerrahi ve psikolojik yöntemler gibi çeşitli tedaviler göz önünde bulundurulmalıdır. Hastalar multidisipliner yaklaşımla değerlendirilmeli ve ağrıyla yaşamaya mahkum edilmemelidirler.

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