Bölüm
25

MYELOMDA TEDAVİ İLİŞKİLİ NÖROPATİ VE AĞRI YÖNETİMİ

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GİRİŞ

Multipl myelom (MM) kemik destrüksiyonu, anemi, renal ve immünolojik etkilenme ile karakterize bir hematolojik malignensidir. 2019 yılında tahmin edilen yeni tanı Multipl myeloma (MM) malignensilerin yaklaşık %1,8'ini, tüm hematolojik malignensilerin de %10'unun oluşturur [1]. MM tedavisinde ilk önemli adım hemopoetik kök hücre desteği ile yüksek doz melfalan tedavisiydi [2]. Sonraki yıllarda immunmodulatör etkili talidomid, potent analoğu olan Lenalidomid ve proteazom inhibitörü Bortezomib, Carfilzomib, Ixazomib tedavi seçenekleri arasında önemli bir yer edindi [3]. Faz 2 ve faz 3 çalışmalar ile bu ilaçların hastalık aktivitesi üzerine etkileri gösterilerek tedavideki yeri sağlamlaştırıldı [4-7].

Periferik nöropati, periferik sinirlerin inflamasyon veya dejenerasyonuna bağlı hasarlanmasıdır. Periferik nöropati (PN) MM'da hastalığa ikincil veya tedavi sonucu olarak görülebilmektedir. Tedavi sürecinde PN'nin sıklıkla gözlendiği ajanlar; vinkristin, sisplatin, sonradan yaygın olarak kullanılan bir proteazom inhibitörü olan Bortezomib, Carfilzomib, immunmodülatuar etkili talidomid ve potent analoğu lenalidomide olarak sıralanabilir. Tedavi ilişkili nörotoksisite hayat kalitesini oldukça etkiler bu nedenle doz azaltımı/erteleme veya başarılı giden bir tedavinin erken sonlandırılması gibi yaklaşımlara neden olabilir. Bu nedenle erken tanı, kapsamlı değerlendirme ve çeşitli tedavi stratejileri ile PN insidansı ve şiddeti oldukça azaltılabilir. Bu bölümde multipl myelomda tedavi ilişkili PN patofizyolojisi, insidansı, etyolojide rol oynayan ajanlar, kliniği, predispoze eden faktörler, tanı, reversibilite, önlem ve tedavisi tartışılacaktır.

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4) Hastaların toksikasyon açısından yakın takibi (konstipasyon, emezis veya sedasyon)
5) Opioid alan hastalara laksatif de reçete edilmelidir.

Bu yaklaşımlara ek olarak fiziksel egzersiz ve fizyoterapi kas gücünü koruma ve koordinasyonunun geliştirilmesine yardımcı olur [64] Akupunktur, elektrostimülasyon ve meditasyon gibi alternatif ve farmakolojik olmayan tedaviler de kullanılmaktadır [66,77,78]. Yeterli lifli gıda ve sıvı tüketimi, laksatifler tedavi ilişkili konstipasyonda, hidrasyon ve kan basıncının kontrolü, düşük doz mineralokortikoidler ortostazise yaklaşımda önerilmektedir [2].

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