

Bölüm 9

ONKOLOJİK ACİLLER

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GİRİŞ

Onkolojik aciller, kanser hastasının geliş semptomu olabildiği gibi, tanısıyla beraber başlayıp hastalık progresyonuna (end-stage) kadar geçen süreçte hastalığa bağlı ve/veya aldığı tedavi sürecinde ortaya çıkan morbidite nedenleri ve yaşamı tehdit eden durumlardır. Dünya genelinde morbidite ve mortaliteye yol açan kardiyovasküler hastalıklardan sonra 2.sırada kanser yer almaktadır (1, 2, 3). Kanser prevalansının arttığı günümüzde onkolojik acil durumun tespiti ve tedavisi hayati öneme haizdir ve çoğu zaman hastane yatışı veya yoğun bakım yatışı gerektirir ve onkolojistin bulunduğu ekiple kapsayıcı bir değerlendirme yapılmalıdır (4, 5).

Onkolojik acillerin birçoğu metabolik, hormonal anormallikler, malignite tedavisi ve hayati organlar üzerine olan agresif tümör basılarından oluşmaktadır (6). Şekil 1 de Metabolik, kardiyovasküler, enfeksiyöz, hematolojik, nörolojik, solunumsal ve kemoterapotikler olarak alt bölümleriyle birlikte teşhis, patofizyolojisi ve tedavisi tartışılacaktır.

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Table 5: Check point inhibitörlerine bağlı immün ilişkili organ bazlı yan ekiler

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| Solunumsal | pnömonitis |
| Kardiyovasküler | Miyokardit, perikardit, aritmiler, ventriküler disfonksiyon |
| Böbrek | Nefrit |
| İskelet-kas | İnflamatuvar artrit, polimyalji benzeri sendrom |
| Oküler | Üveit, iritis, episklerit, blefarit |
| Gastrointestinal | Kolit, hepatit, pankreatit, enterit |
| Endokrin | Hipofizit, tiroidit, hiper yada hipotiroidi, adrenal yetmezlik, otoimmün diyabet |
| nöromuskuler | Ensefalit, aseptik menenjit, periferik-otonomik nöropati, miyasteni, Güillain Barre sendromu, transvers miyelit |
| Hematolojik | Otoimmün hemolitik anemi, trombositopenik purpura, hemolitik üremik sendrom, aplastik anemi, lenfopeni, venöz tromboembolizm |
| Dermatolojik | Raş, büllöz dermatozlar, vaskülit, mukozit, toksik epidermal nekroliz |

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