

GEBELİKTE KANSER HASTALARINA ÖZGÜ PSİKIYATRİK YAKLAŞIMLAR

**19.
BÖLÜM**

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GİRİŞ

Hamilelik sırasında kanser görme sıklığı nadir görülen bir olgudur ve görme oranının yaklaşık olarak %0.1 olduğu düşünülmektedir⁽¹⁾. Son yıllarda hamile kalma yaşıının daha ileri yaşlara doğru kaydığını göz önüne alınırsa hamilelikte kanser görme sıklığının artacağı düşünülmektedir. Hamilelik sırasında en sık tanı koyulan kanser türleri sırasıyla; meme kanseri, rahim ağzı kanseri, hematolojik kanserler (lenfoma ve akut lösemi) ve malign melanomdur⁽¹⁾.

Hamilelik sırasında kanser teşhisini konulan tüm vakaların içinde kadın doğum uzmanı, onkolog, genel cerrah, radyasyon onkoloğunun olduğu bir multi-disipliner tedavi ekibi tarafından ele alınması gerekmektedir. Bu hastalara uygunlanacak olan sistemik tedavinin başlıca ilkeleri; medikal onkoloğun hem gebeyi tedavi edip hem de fetüsü koruması, bu nedenle kemoterapinin organ gelişiminin olduğu birinci trimesterde kemoterapinin verilmemesi ve verileceksé ikinci ve üçüncü trimesterde verilmesi, endokrin tedaviden kaçınılmasıdır^(1,2). Sistemik kanser tedavisinin anne ve fetüs üzerine akut etki ve gecikmiş etki olarak başlıca iki tür yan etkisi görülmektedir. Akut yan etki olarak, spontan abortus, prematürite doğum, düşük doğum ağırlığı görülebilir. Karsinojenez, fiziksel ve zihinsel gelişimde yetersizlik, annede infertilite ise uzun vadede görülebilecek olan yan etkilerdir⁽³⁾.

Hamilelik ve doğum sonrası dönemler, psikiyatrik bozuklukların gelişmesine neden olabilecek savunmasız bir süreçtir⁽⁴⁻⁸⁾. Hamilelik dönemindeki psikiyatrik problemler, ruh sağlığının bozulmasına ve doğum öncesi bakımın zayıflamasına yol açmaktadır. Ayrıca, fetüsün büyümesi ve gelişmesinde birtakım aksaklıklara, çocukluk ve ergenlik döneminde zayıf bilişsel gelişime, beslenme ve sağlık üze-

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jik durumunun da dikkate alındığını hastaya hissettirmek tedavi süreci için çok önemlidir.

SONUÇ

Gebelikte kanser tanısı seyrek olarak görülmekte birlikte multidisipliner tedavi yaklaşımını gerektiren bir süreçtir. Gebelikte en sık görülen kanserler sırasıyla meme kanseri, rahim ağzı kanseri, hematolojik kanserler (lenfoma ve akut lösemi) ve malign melanomdur. Hamilelik döneminde kanser teşhisini alan kadınlarda psikiyatrik problemler sıkça oluşmaktadır. Bu nedenle klinisyenlerin bu tür hastalara bu tür durumların oluşabilmesine karşı dikkat etmeleri psikososyal destek vermeleri çok önemlidir.

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