

33. BÖLÜM

MEME KANSERİ TEDAVİSİ SONRASI GELİŞEN OMUZ EKLEMİ PROBLEMLERİ VE TEDAVİSİ

Uğur Onur KASMAN¹
Sevtap ACER KASMAN²

GİRİŞ

Meme kanserinde tedavinin fonksiyonel sonuçlarını anlamak ve hastaların tedavi sonrası yaşam kalitesini optimize etmek giderek daha önemli hale gelmektedir. Meme kanserinde aksilla cerrahisinin komplikasyonları arasında yara enfeksiyonları, lenfödem, omuz problemleri, lenfanjit, kanama, sinir yaralanmaları ve cilt nekrozu sayılabilir. Omuz morbiditesi, aksiller lenf nodu (ALN) diseksiyonunun bilinen bir komplikasyonu olmasının yanı sıra; radyoterapi, mastektomi ve sentinel lenf nodu biyopsisi gibi müdahalelerden sonra da ortaya çıkabilir. Klinikte omuz hareketlerinde limitasyon, ağrı, sertlik, fibroz, güçsüzlük, uyuşma, lenfödem veya aksiller web sendromu gibi sorunlar görülebilir ve bazen kalıcı olabilir¹⁻⁶.

Literatürde meme kanseri cerrahisi sonrası üst ekstremitayı değerlendiren çeşitli çalışmalar olsa da, aksilla cerrahisi sonrası omuz problemlerini irdeleyen kaynaklar yetersizdir. Yukarıdaki veriler ışığında, bu bölümde ağırlıklı olarak aksilla cerrahisi sonrası en sık görülen omuz problemleri sunulacaktır. Ayrıca, aksilla bölgesinin hem anatomik olarak omuza yakın komşuluğundan hem de omuz fonksiyonları ile ilişkili kas, sinir ve damar gibi yapılarla iç içe olan ilişkisinden dolayı, bölgenin anatomisini anlamak potansiyel omuz problemlerini anlamayı ve tahmin etmeyi kolaylaştıracaktır.

¹ Op. Dr, Pendik Medical Park Hastanesi, Ortopedi ve Travmatoloji Kliniği ugurkasman@gmail.com

² Arş. Gör. Dr, Marmara Üniversitesi, Tıp Fakültesi Fiziksel Tıp ve Rehabilitasyon&Romatoloji sevtap-acer@hotmail.com

hareketinde ve kullanımında iyileşme sağlar. Progresif dirençli egzersiz fiziksel işlevi iyileştirir ve meme kanseriyle ilişkili lenfödemi azaltır. Çok modlu egzersiz programları hem kısıtlı omuz EHA'da, hem ağrıda, hem de aksiller web sendromunda tedavi ve profilaksisinde etkilidir. Ayrıca, rehabilitasyon yaşam kalitesini de iyileştirir^{31,43,47-49}.

EHA egzersizlerinden özellikle omuz fleksiyonu, abdüksiyonu ve dış rotasyonu, hastanın ağrı sınırında yapılır²⁸. Egzersizlerin ameliyat sonrası kaçınıcı günde başlanması gerektiğine dair ise fikir birliği yoktur. İlk günlerde başlanan egzersizin omuzdaki kazanımları iyileştirebileceği ancak yara drenajını da arttırabileceği vurgulanmıştır^{28,31,47}. Rehabilitasyonun egzersiz dışındaki bileşenlerini değerlendiren çalışmalar ise yetersizdir.

SONUÇ

Aksilla bölgesi direkt ve indirekt mekanizmalarla omuz eklemleri ile ilişkilidir. Cerrahi sonrasında omuz hareketlerinde kısıtlılık, ağrı, kas güçsüzlüğü, RKS, AK, lenfödem veya radyoterapiye ikincil omuz morbiditeleri, aksiller web sendromu gibi problemler ve nihai fonksiyon kaybı görülebilir. Bu problemler çoğu zaman iç içe geçer; örneğin aksiller web sendromu olanda hem ağrı hem kısıtlı EHA görülebilir, ağrıya bağlı kullanmama zeminde var olan rotator kaf hastalığını kötüleştirebilir, ve bu da kısıtlı EHA ve AK'ye ilerleyebilir. Bu nedenlerdir ki hemen hepsinin tedavileri benzerdir ve omuz koruyucu egzersizler cerrahiye takiben önerilmelidir. Spesifik durumlara uygun rehabilitasyon hem profilakside hem de tedavide en önemli yaklaşımdır. Rehabilitasyona rağmen bazı problemler ciddi bozukluklara yol açabilir ve/veya kalıcı olabilir, ki bu durumlar spesifik ve daha invaziv bir yaklaşım gerektirir.

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