12. Bölüm

TÜMÖR LİZİS SENDROMU

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Giriş

Tümör lizis sendromu (TLS), tümör hücrelerinin parçalanması sonucu sistemik dolaşıma büyük miktarlarda potasyum, fosfat ve nükleik asit salımı ile karekterize onkolojik acil durumdur. Nükleik asitlerin ürik aside katabolizması hiperürisemiye yol açar. Ürik asit atılımındaki belirgin artış, renal tübüllerde ürik asidin çökelmesine neden olur. Ayrıca renal vazokonstriksiyon, bozulmuş otoregülasyon ve inflamasyona bağlı renal kan akışında azalma akut böbrek hasarıyla sonuçlanır. Böbrek tübüllerinde hiperfosfatemiye bağlı kalsiyum fosfat birikimi de akut böbrek hasarına katkıda bulunur.

Tümör lizis sendromu en sık, Burkitt lenfoma gibi yüksek gradlı lenfomalı ve akut lenfoblastik lösemili hastalarda sitotoksik tedavinin başlamasından sonra ortaya çıkar. Bununla birlikte, TLS sitotoksik tedaviye duyarlılığı fazla olan diğer solid organ tümörlerinde görülebildiği gibi yüksek proliferatif indekse ve ciddi tümör yüküne sahip tümörlerde tedavi almadan spontan olarak da görülebilir. TLS patogenezi, klinik bulguları, tanımı, etiyoloji ve risk faktörleri, risk sınıflaması, profilaksisi ve tedavisi aşağıda tartışılmıştır.

Patogenez

Yüksek proliferatif hız, fazla tümör yükü ve/veya tedaviye sensitif bir malignite durumunda, sitotoksik kemoterapinin başlatılması, sitolitik antikor tedavisi, radyasyon tedavisi veya bazen tek başına glukokortikoid tedavisi, tümör hücrelerinin hızlı lizizine neden olabilir. Yeni etkili ve hedeflenmiş antikanser

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Sorular

1. Kan ürik asit düzeyini en etkili düşüren hipoüresemik ajan aşağıdakilerden hangisidir?

A) Allopurinol

B) Febuksostat

C) Rasburikaz

D) Losartan

E) Furosemid

2. Allopurinol kullanan hastalarda aşağıdaki ilaçların hangisinde oluşabilecek toksisiteleri engellemek için doz ayarı gerekir?

A) Rasburikaz

B) Azatioprin

C) Azitromisin

D) Klaritromicin

E) Everolimus

3. Aşağıdaki tedavi yaklaşımlarından hangisi tümör lizis sendromu profilaksisinde etkinliği kanıtlanmadığı için önerilmemektedir?

A) Hidrasyon

B) İdrar alkalinizasyonu

C) Rasburikaz

D) Allopurinol

E) Fenobuksostat

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