

FEBRİL NÖTROPENİ

Sibel OYUCU ORHAN¹

Giriş

Febril nötropeni (FN), en iyi bilinen ve hayatı tehdit eden onkolojik acil-lerden biridir. Hematolojik malignitelere bağlı kemoterapi alan hastalar, tedavi seyri boyunca %80'e kadar oranda; solid tümörlere bağlı kemoterapi alanlar ise %10-50 oranında en az bir kez FN ile komplike olmaktadır (1-3). Ateş olasılığı, nötropenin süresi ve şiddetinin yanı sıra mutlak nötrofil sayısındaki (ANC) düşüş hızı ile artar (4). Mutlak nötrofil sayısının en düşük değeri, genellikle kemoterapinin bitiminden sonraki 7-10 gündür (5).

Sitotoksik antineoplastik tedavi alan kanser hastalarında myelopoez olumsuz olarak etkilenir ve gastrointestinal mukoza bütünlüğü bozulur. Bu hastalarda gastrointestinal sistemde kolonize olan bakteri ve/veya mantarlar, intestinal mukozal yüzeylerden transloke olarak invazif enfeksiyon için risk oluşturmaları. Nötropenik hastalarda nötrofil aracılı inflamatuvar cevap silik olacağından ateş enfeksiyonun ilk ve tek bulgusu olabilir (6). Nötropenik ateşin erken tanınım ampirik sistemik antibiyoterapisinin derhal başlanması, olası sepsise gidişin ve ölümün engellenmesi adına kritik önem arz etmektedir.

Kanser hastalarındaki nötropenik ateşin değerlendirilmesi ve yönetimi için uluslararası birçok rehber bulunmaktadır. Burada bahsedilecek öneriler genellikle; 2010 Infectious Diseases Society of America (IDSA), 2018 American Society of Clinical Oncology (ASCO)/IDSA ile National Comprehensive Cancer Network (NCCN) rehberleri referans alınarak yapılmıştır (5,7,8).

¹ Uzm.Dr., Bursa Uludağ Üniversitesi Hastanesi, İç Hastalıkları, Tıbbi Onkoloji, sibelayucu@yahoo.com

rik antifungal ajanlar (amfoterisin B, geniş spektrumlu azoller, ekino-kandinler) tedaviye eklenmelidir.

E) Anti-fungal profilaksi alsın almasın, nötropenik ateşli her hastaya günlük galaktomannan antijeni bakılmalıdır.

Cevaplar: 1.D 2.C 3.D

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