Bölüm
7

ORAL VE GASTROİNTESTİNAL MUKOZİT YÖNETİMİ

Zeynep ALTIN[1]

GİRİŞ

Mukozit, mukoza ülseri veya iltihabıdır. İmmün yetmezlik durumlarında ortaya çıkabilen ve malign hastalıkların tedavisinde doz azaltıcı ya da tedaviyi kesici sonuçlara yol açabilen önemli bir toksititedir. Mukozit hafif bir inflamasyondan derin ülsere kadar değişen düzeylerde ve ağızdan anüse kadar tüm gastrointestinal sistem mukozasında patolojik değişikliklere yol açabilen bir süreçtir(1).

Mukozit patobiyolojisi; eşlik eden hastalıklar, enfeksiyonlar, uzun süreli steroid kullanımı, kullanılan ilaçların her bireyin metabolizmasına göre farklı etkinlik göstermesi gibi hasta ile ilişkili faktörler ve hastanın kullanmakta olduğu ilaçlara göre değişebilir.

Mukozitin evresine göre; ülserasyonlar, disfaji, odinofaji, gastrit, ishal, malabsorpsiyon, enfeksiyon ve kanama gibi farklı klinik yansımaları olabilir. Hastanede yatan hastalarda hastane kalış süresinde ve tedavi maliyetlerinde artışa neden olabilir (2).

Mukozitin etkin tedavi yöntemleri kısıtlı olduğu için; kanıta dayalı rehberlerin, hem mukozit oluşmasını engellemek için hem de tanı ve tedavi süreçlerinde kullanımı oldukça önemlidir. Günümüzde hastaların tedavisini planlarken, mukozit riskini belirleyen bir rehber oluşturulmamıştır. Fakat moleküler yöntemlerin gelişmesi ve farmakogenomiklerin kullanıma girmesi ile mukozit oluşma riski öngörülebilir hale getirilebilir (2,3). Bu şekilde, meydana gelebilecek olası komplikasyonları en aza indirgeyecek bireyselleştirilmiş tedaviler planlanabilir.

MUKOZİT PATOLOJİSİ

Mukozal bariyerde oluşan hasarın ortaya çıkma aşamaları şu sırayla olmaktadır (4,5) :

- Başlangıç Aşaması: Kemoterapi ve radyoterapi, doğrudan ve serbest oksijen radikalleri aracılığıyla DNA'ya zarar verir.
- Upregülasyon ve haberci sinyallerinin üretilmesi: Fibroblastlar, makrofajlar, endotel ve epitel hücreleri tarafından nükleer faktör kappa beta (NFƙ-B) gibi transkripsiyon faktörlerinin aktivasyonu ve sonrasında tümör nekroz faktör alfa (TNF-α), interlökin-1 (IL-1), interlökin-6 (IL-6) gibi proinflamatuar sitokinler dahil protein salınımı olur.
- Sinyalizasyon ve amplifikasyon: Proinflamatuar sitokinler biriktikçe, çevre dokulara doğrudan zarar vermeye başlarlar. Bu aşama klinik olarak mukozit gelişiminden hemen öncedir.
- Ülserasyon ve iltihap: Mukozal bütünlüğün bozulması sonucunda klinik olarak ağrılı lezyonlar ortaya çıkar ve bakteriler ülser yüzeyine kolonize olarak mukozal harabiyeti daha da arttırırlar. Eğer hastada nötropeni varsa, bu durum bakteriyemi ve sepsis gelişimine neden olabilir.

[1]

ğını karşılayabilecek beslenme şekli ve beslenme yolunun oluşturulması çok önemlidir.

Sonuç olarak; bu hastalarda yeterli farkındalığın oluşturulması, oluşabilecek ciddi ve ölümcül komplikasyonların önüne geçilmesi, erken tanınması ve nihayetinde önlenmesine yönelik çalışmalar yapılması açısından önem taşımaktadır.

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