Bölüm
13

ONKOLOJİK TEDAVİ İLİŞKİLİ TROMBOSİTOPENİ YÖNETİMİ

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GİRİŞ

Trombositopeni kanser hastalarında sık görülen bir komplikasyondur. Oluşturduğu kanama riski nedeniyle mortalitesi ve morbitedesi yüksek bir problemdir. Sadece kanama riski oluşturmayıp tedavi kürlerinin aksamasına, tedavi dozunun azaltılmasına neden olmaktadır[1,2]. Tedavi dozunun azaltılması ile toplam sağ kalım, progresyonsuz sağ kalım ve toplam yanıt oranının azaldığı çalışmalarda gösterilmiştir[3,4]. Bunun için erken tanınması ve nedene uygun olarak iyi yönetilmesi gerekir.

Kanser hastalarında en sık trombositopeni nedenleri sitotoksik etki gösteren kemoterapi ve radyoterapidir[5-8]. Diğer sık karşılaşılan nedenler ise kemik iliğinin hastalık ilişkili infiltrasyonu, yardımcı tedavide kullanılan antibiyotik, heparin gibi kemoterapi dışı ilaçlar, enfeksiyonlar, immun olaylar, hastalık ya da ilaç ilişkili oluşan trombotik mikroanjiopatiler ve splenomegalilerdir[9,10]. Onkoloji hastasında trombositopeni saptandığında tedavi ilişkili olduğunu düşünmeden diğer nedenlerin ekarte edilmesi gerekir.

Bu konuda sadece onkolojik tedavi ilişkili trombositopeni ve bu durumun yönetiminden bahsedilecektir.

ONKOLOJİK TEDAVİ İLİŞKİLİ TROMBOSİTOPENİ TANIMI VE NEDENLERİ

Trombositopeni tanımı:

Trombositopeni trombosit sayısının 150x10^9/L altına düşmesi olarak tanımlanır[11]. Tedavi sonrası gelişen trombositopenide ise derecelendirilme yapılır ve onkolojide kullanılan Birleşik Devletler Ulusal Kanser Enstitüsünün Yan Etki Ortak Terminoloji Kriterlerine göre derecelendirilmesi tablo 1' de gösterilmiştir [12].

Tablo 1: Trombositopenin Birleşik Devletler Ulusal Kanser Enstitüsünün yan etki ortak terminoloji kriterlerine göre derecelendirilmesi

Derece	Trombositopeni sayısı
1	Normal değerin alt sınırı-75x10^9/L
2	75-50x10^9/L
3	50-25x10^9/L
4	<25x10^9/L
5	Ölüm

Onkolojik tedavi ilişkili trombositopeni nedenleri:

1) Kemoterapi ilişkili kemik iliği supresyonu: Bazı antineoplastik ajanlar kemik iliğinde hipoplazi ve miyelosupresyon oluşturması sonucu trombositopeni yaparlar. Solid tümörlerde trom-

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laşması, gaitada siyahlaşma veya kan gelmesi, kesi durumunda durmayan kanamalar gibi) doktoruna ya da en yakın sağlık kuruluşuna başvurması

8) Tampon, fitil, lavman ya da makattan ateş ölçen termometreler kullanılmamalı
9) Sıkan ve sert kumaşlı kıyafetler giyilmemeli
10) Duş alırken ılık su ile duş alınmalı ve keselenme gibi kanam riskini artıracak hareketlerden kaçınılmalı

Anahtar Kelimeler: kanser, onkolojik tedavi, trombositopeni, kanama

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