

Bölüm 48

RADYOTERAPİ ACİLLERİ

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GİRİŞ

Onkolojik acil tedavi gerektiren durumların bazılarında Radyoterapi (RT) önemli bir seçenektir. Spinal kord basıları başta olmak üzere vena kava superior sendromu (VKSS), beyin metastazlarının sonucu olarak ortaya çıkan kafa içi basınç artışı (KİBAS), bazı organ kanserlerine (mesane, mide, serviks gibi) bağlı gelişen abondan kanamalar ve solunum yolu basısı sonrası gelişen akut dispne ve ateletazi RT'nin acil tedavide kullanıldığı durumlara örneklerdir. Acil RT alması gereken hastalar önceden RT alıp almadığı konusunda dikkatlice sorgulanmalıdır. Özellikle spinal kord basısı tanımlı hastalarda acil RT uygulanacaksa kritik organ tolerans dozlarının önemi nedeniyle hastanın geçmişi sorgulanmalı eğer RT hikayesi varsa tedavi alanı, tarihi, dozu belirlenmelidir.

Bu bölümde acil RT gerektiren durumlardan spinal kord basısı, VKSS ve beyin metastazlarına ayrı başlıklar halinde değinilip tedavileri hakkında etraflıca bilgi verilecektir. Ayrıca diğer acil durumların RT'sinden de kısaca bahsedilecektir.

SPİNAL KORD BASISI

Spinal bölge birçok primer tümörün metastatik yayılımı için hedef olabilmektedir. Bu yayılım şiddetli ağrı ve kötü yaşam kalitesine sebep olur. Kord sıkışması ile birlikte nörolojik komplikasyonlar açığa çıkar. Metastatik spinal kord basısının (MSKB) tüm kanser hastalarının yaklaşık

olarak %5-14'nde ortaya çıktığı tahmin edilmektedir^(1,2). MSKB'nin %95'ten fazlası ekstramedüller bir tümör sonucu gelişir. Yüksek kalitede manyetik rezonans görüntüleme (MRG) tekniklerinin kullanılması ile birlikte erken tanı ve müdahale sonucunda paralizi ve inkontinans sıklığında azalma yaşanmıştır⁽³⁾.

Patofizyoloji

MSKB üç şekilde gelişebilir: (a) vertebral kemik metastazının epidural boşluğa doğru büyümesi ve genişlemesi; (b) bir paraspinal kitle ile nöral foraminanın genişlemesi; (c) vertebral kortikal kemiğin destrükte edilmesi, epidural boşluğa kemik parçalarının yer değiştirmesi ile vertebral kolonun çökmesine neden olur⁽⁴⁾. Epidural tümör yayılımı, omuriliğin ödemeine yol açan epidural venöz pleksusun sıkışmasına neden olur. Vazküler geçirgenlik ve ödemdeki bu artış, küçük arteriyoller üzerinde artan baskıya neden olur. Hastalık ilerledikçe kılcal kan akımı azalır ve beyaz madde iskemisine yol açar. Uzun süreli iskemi, sonuçta beyaz cevher enfarktüsü ve kalıcı kord hasarı ile sonuçlanır⁽⁵⁻⁷⁾. Çeşitli pro-enflamatuar mediyatörlerin salınımı da tarif edilmiştir ve bu durum kortikosteroidlerin etki mekanizmasını açıklayabilir⁽⁸⁾.

Klinik, Tanı Ve Prognoz

MSKB ile başvuran hastaların çoğu daha önce bir kanser tanısı almıştır. Geriye dönük yapılan bir araştırmada MSKB'lı hastaların çoğunluğunu

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fraksiyonda 35 Gy ile 3 fraksiyonda 21 Gy palyatif RT uygulanmış ve olumlu sonuçlar alınmıştır⁽⁸³⁾. Tümöre bağlı kanamalar farklı fraksiyon şemaları ile tedavi edilebilir. Hastanın performansı da göz önünde bulundurularak 4-5 fraksiyonda 20 Gy ya da tek fraksiyonda 8 Gy olarak uygulanan RT çoğu hastada kanamayı durdurmaktadır.

SONUÇ

RT; spinal kord basısı, VKSS ve beyin metastazı gibi acil müdahale gerektiren durumlarda tek başına veya diğer tedavi seçenekleriyle birlikte etkin şekilde kullanılmakta olan bir tedavi yöntemidir. Zamanında yapılan tedavi ile hem hastaların yaşam kalitesinde hem de genel sağkalımda artış olmaktadır.

Anahtar Kelimeler: Spinal kord basısı, vena kava superior sendromu, beyin metastazı, radyoterapi

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