

# MALIGNITE YA DA ONKOLOJİK TEDAVİ İLİŞKİLİ TROMBOTİK HASTALIKLAR

## 7.

## BÖLÜM

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### GİRİŞ

Trombozun, kanser hastalarında yaygın bir komplikasyon olduğunu gösteren çok sayıda çalışma vardır. Kanser hastalarında trombotik komplikasyonlar arterial veya venöz tromboembolizmden dissemine intravasküler koagülasyona kadar geniş bir yelpazede görülebilmektedir (1). Kanser ile tromboembolik hastalıklar arasındaki ilişki çok iyi bilinmesine rağmen, mekanizmaları net olarak bilinmemekte ve çok yönlü olduğu düşünülmektedir (2). Kanser hastaları genellikle hiperkoagülasyona yatkın veya protrombotik durumdadırlar ve genellikle Virchow triadının (venöz staz, endotel hasarı, hiperkoagülabilité) her bir komponentinde anormallikler göstermektedirler. Virchow triadında bu değişiklikleri meydana getiren özellikle hastanın hemostatik sisteminin etkisi tam olarak anlaşılammıştır ve farklı kanser tiplerinde kanser bağlantılı tromboz riskinin değişen oranlarda olduğu göz önünde bulundurulduğunda tümör-spesifik olabilir (3).

### KANSERDE HEMOSTAZ DEĞİŞİMLERİNE NEDEN OLAN MOLEKÜL VE MEKANİZMALAR

*Doku Faktörü ve Doku Faktörü Taşıyan Mikropartiküller:* Kanser hastalarındaki prokoagülan aktivitede en önemli faktörlerden biridir. Faktör VII ile birleşerek ekstrinsek yolak ile koagülasyonu aktive eder (4, 5). Doku Faktörü taşıyan mikropartiküllerin venöz tromboembolizmi(VTE) bulunan kanser hastalarının %60'ında yüksek olduğu gösterilmiştir (5, 6).

*Kanser Prokoagülanı:* Amniyotik doku ve malign tümörler tarafından eksprese edilen bir sistein proteazdır (5).

*Müsin:* GIS tümörleri, müsin üreterek Faktör X'u aktive eder ve koagülasyona yol açar. (kılavuzu öne al)

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