

PARANEOPLASTİK KARDİYAK SENDROMLAR

12.

BÖLÜM

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GİRİŞ

Paraneoplastik Sendromlar (PNS) tümörün boyut, invazyon ve metastaz durumuyla ilişkisi olmayan, tümörün sistemik etkisiyle oluşan klinik sendromlardır. Neoplazik hücrelerin direk etkisinden kaynaklanmaması nedeniyle *paraneoplazi* terimi kullanılmaktadır. Beslenme bozuklukları, infeksiyonlar ve tedavi yöntemlerine bağlı etkileşimler PNS kapsamı içine girmemektedir. Özellikle son yıllarda PNS patofizyolojisinin anlaşılmasında büyük gelişmeler olmakla birlikte hala günlük pratikte teşhis ve tedavide gecikmeler yaşanabilmektedir. Bu durum PNS'ın sıklıkla birçok durumda nonspesifik bulgularla ortaya çıkması ile ilişkilidir. PNS a benign ve malign tümörler neden olabilmektedir. İlginç olarak PNS tümör teşhisinden önce, tedavi sırasında ve hatta tedavi sona erdikten sonra görülebilmektedir. Bazı tümör türlerinde nüksün ilk belirtisi PNS olarak ortaya çıkabilmektedir.

PNS birçok organ ve sistemi etkileyebilir. En sık tutulum endokrin ve nörolojik olmakla birlikte hematolojik, jinekolojik, renal, dermatolojik, romatolojik, gastrointestinal, yumuşak doku, kas-iskelet metabolik ve kardiyovasküler tutulumları da tanımlanmıştır. Tümörün kendisine veya metastazlarına bağlı fiziksel faktörlerden kaynaklanmayan bu tutulumlar sıklıkla tümör hücreleri tarafından salgılanan humoral faktörler(hormonlar, peptitler, uzun veya kısa etkili sinyal molekülleri) ya da tümör hücrelerine karşı gelişen immün yanıtla ilişkilidir. (1)

Kanserin seyrinde görülen direkt tümöre veya metastazlarına bağlı klinik bulgular veya tedavilere bağlı komplikasyonlarla kıyaslandığında klinik pratikte PNS daha seyrek görülmele birlikte, kanser hastalarında tanı sırasında PNS sıklığı % 7-10 oranında, hastalığın seyri sırasında ise % 50 oranında bildirilmektedir.(2)

Paraneoplastik sendrom olarak kardiyak tutulum oldukça seyrek görülmektedir. Literatürde paraneoplastik endokardit, miyokardit, atriyoventriküler blok

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