

GİRİŞİMSEL BRONKOSKOPİK TEDAVİLER

21.

BÖLÜM

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GİRİŞ

Günümüzde girişimsel bronkoskopik tedaviler hava yollarında hem erken evre hem de ileri evre obstrüktif lezyonların tedavisinde sıklıkla kullanılmaktadır. Bu yöntemler tümörün lokal olarak genişlemesine ya da dış basıya bağlı ortaya çıkan tedaviler nefes darlığı, öksürük ve hemoptizi gibi semptomlarda da büyük oranda rahatlatma sağlar. Erken evre prekanseröz lezyonların tanı ve tedavisinde de iyi sonuçlar alınmaktadır.

Hastanın fonksiyonel durumuna, tümörün çapı ve lokalizasyonuna göre uygun tedavi yöntemleri planlanmaktadır. Acil hava yolu açıklığı sağlanması gereken durumlarda mekanik rezeksiyon, dilatasyon, stent, Lazer, Argon Plazma Koagülasyon (APK), Elektrokoter, Mikrodebridman kullanılabilir. Kriyoterapi, Fotodinamik Tedavi (FDT), Brakiterapi ise etkisi geç ortaya çıktığı için acil durumlarda tercih edilmez. Bu yöntemler tek başlarına ya da kemoterapi, radyoterapi ile kombine uygulanabilirler.

SANTRAL HAVA YOLU LEZYONLARINA YAKLAŞIM

Santral hava yolu obstrüksiyonu trakea ve ana bronşlarda lümen içinde tıkanıklık, dıştan bası veya her ikisinin sonucu ortaya çıkabilir. Sıklıkla ses kısıklığı, nefes darlığı ve wheezing gibi semptomlara neden olur. Stridor, solunum yetmezliği ve hemoptizi gibi acil müdahale gerektiren durumlar ortaya çıkabilir.

Hava yolu obstrüksiyonu tanısında Toraks Tomografisi, solunum fonksiyon testi ve bronkoskopi kullanılır. Tanıda bronkoskopi altın standarttır. Endobronşial ve ekstrinsik lezyonların ayrımı sadece bronkoskopik değerlendirme ile yapılabilmektedir.

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En önemli komplikasyonu kanamadır ^{65,66}.

3.Kriyorekanalizasyon:

Kriyoterapinin etkisi yaklaşık 14 gün sonra ortaya çıktığı için erken hava yolu açıklığını sağlamada kriyorekanalizasyon kullanılmaktadır. Bu yöntemle kriyoprobun ucuna soğuşun etkisi ile yapışan endobronşial lezyon parçası tümörden ayrılarak dışarı çıkartılmaktadır. Kırk hasta üzerinde yapılan bir çalışmada %72.5 başarı oranı bildirilmiş, %17 oranında restenoz gelişmiştir ⁶⁷

Malign hava yollarını açma başarısı yönünden mekanik rezeksiyon (%76-90), lazer (%56-90), elektrokoter (%49, APK (%54-91) gibi diğer hızlı yöntemlerle karşılaştırıldığında benzer etkinlikte bulunmuştur ⁴⁶.

Trakeobronşial ağaca dıştan bası yapan tümörlerde kontrendikedir.

Bu yöntemde APK ile durdurulabilen orta dereceli kanamalar görülebilir (%8-25) ^{68,69}.

4.Sprey Kriyoterapi: Sıvı nitrojen kateterle doğrudan lezyon üzerine spreş şeklinde uygulanarak hava yolu açıklığı sağlanır. Daha geniş yüzeylere uygulanabilir. Kısa süreli ve doku teması gerektirmeyen bir işlemdir ^{70,71}.

Sonuç olarak Kritoterapi etkisinin geç başlaması nedeniyle erken hava yolu açıklığı sağlayamada tercih edilmez; fakat kriyorekanalizasyon yöntemi ile bu dezavantaj ortadan kaldırılmıştır. Kriyoterapi en ucuz ve en güvenli, kullanım sırasında oksijen kısıtlamasına gerek olmayan bir yöntemdir. Kemoterapi ve radyoterapi ile kombine edilerek daha iyi sonuçlar alınabilir.

SONUÇ

Kanser tedavisinin bir parçası olarak uygulanan bu tedaviler hastaların semptomlarını azaltmakta, yaşam kalitesini artırmakta, bazı hastalarda yaşam süresini uzatmaktadır. Erken evre bronş kanserlerinde fotodinamik tedavi, elektrokoter, kriyoterapi ve brakiterpi küratif tedavi olanağı sunmaktadır.

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