

AKCİĞER KANSERİ TANILI HASTALARDA PNÖMONİ YÖNETİMİ

22.

BÖLÜM

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GİRİŞ

Kanserli olgularda mortalite ve morbiditenin en önemli nedeninin enfeksiyon hastalıkları olduğu bilinmektedir. Bu hastalarda solunum sistemi enfeksiyonları ile birlikte bir çok sistemik enfeksiyon için de artmış duyarlılıktan söz edebiliriz.⁽¹⁾

Akciğer kanseri olgularında en sık rastlanan alt solunum yolu enfeksiyonlarının toplum kökenli pnömoni ve KOAH alevlenmesi olduğu gösterilmiştir. Pnömoninin kanser popülasyonu üzerindeki etkisi, diğer enfeksiyöz komplikasyonlardan daha fazla morbidite ve mortaliteye yol açacak şekilde şiddetlidir.⁽²⁾

Klinik çalışmalar, akciğer kanseri hastalarında pnömoni için çeşitli risk faktörleri tanımlamıştır. İyi bilinen risk faktörleri şunlardır: yaşlılık (> 60 yaş), akciğer karsinomun histopatolojik tipi, sigara içimi (şimdiki veya önceki), birden fazla lobun eksizyonu ve tümörün yerleşim bölgesidir.⁽³⁾

Pnömonilerde çoğu zaman etkeni saptamak mümkün olamadığından ampirik tedaviye esas olmak üzere olası etkenleri doğru tahmin etmek gerekir. Bunun için hastanın klinik tablosunun, akciğer radyogramı bulgularının, hastada var olan risk faktörlerinin ve eğer yapılabiliyorsa balgamın gram boyamasının sonuçlarının dikkate alınması gereklidir. Akciğer kanseri olgularında, genellikle çok ciddi granülositopeni olmamakta ve bu durum daha basit ve kısa süreli tedavilerin uygulanabilmesini mümkün kılmaktadır.⁽⁴⁾

KANSERLİ HASTALARDA PNÖMONİ PATOGENEZİ VE RİSK FAKTÖRLERİ

Hem sağlıklı hem de bağışıklığı baskılanmış hastalarda, bakteriler periferik akciğere inhalasyon, aspirasyon, hematojen yayılma veya proksimal hava yolu enfeksiyonlarının lökorejyonel ilerlemesi yoluyla ulaşır.^(5,6)

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lıdır. Bağışıklık sistemini yeniden yapılandırmaya veya güçlendirmeye yardımcı olan daha yeni ev sahibine yönelik tedaviler, klinik deneylerde aktif araştırma altındadır. Bunlar, gelecekte daha geleneksel yaklaşımları tamamlamaya hizmet edebilir.

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