

7. BÖLÜM

KANSER İLİŞKİLİ TROMBOEMBOLİYE YAKLAŞIM

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GİRİŞ

Kanser hastalarında hiperkoagülasyon eğilimine bağlı tromboz riskinin arttığı bilinmektedir. Malignite ilişkili tromboz ilk olarak 1823'te Jean-Baptiste Bouilland tarafından tanımlanmıştır [1]. 1865'te Armand Trousseau, kanser ile migratuvar tromboflebit arasında olası bir ilişkinin olduğunu bildirmiştir [2]. Kanser kendisi ve tedavisinde kullanılan ilaçlara bağlı tromboemboli sık görülen bir durumdur [3]. Malignite tanılı hastalarda tromboemboli kliniği geniş bir spektruma sahiptir, bazı hastalar asemptomatik seyrederken bazı hastalar ise komplike ve fatal seyretmektedir. Kanser ilişkili hiperkoagülopati nedeniyle profilakside ve tedavide kullanımı artan antikoagülan ilaçlara sekonder kanama riskinin arttığı göz ardı edilmemelidir. Bu nedenle antikoagülan başlanan her hasta kanama riski açısından dikkatlice takip edilmelidir [4].

İNSİDANS

Tromboemboli kanser hastalarında sıklıkla morbidite ve mortalite nedeni olan ciddi bir komplikasyondur [4, 5]. Kanser hastalarında ölümlerin ikinci en sık nedeni tromboemboli olarak bilinmektedir [6, 7]. Malignite hastalarında venöz tromboemboli (VTE) arteriyel tromboemboliden (ATE) daha sık görülmektedir [8]. Bazı hastalarda VTE etiolojisini araştırırken malignite tanısı konulabilmektedir, bu yüzden VTE tanısı konulan her hastada altta yatan olası bir malignite akla gelmelidir. Kanser hastalarında semptomatik VTE görülme sıklığı yaklaşık %10 olup rekürrens riski %30 iken, ATE görülme sıklığı ise yakla-

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SONUÇ

Malignite hastalarında tromboemboli sık görülen bir durumdur ve maligniteye sekonder ölümlerin en sık ikinci sebebidir. Malignitelere VTE yatkınlığı çeşitli mekanizmalarla ilişkilendirilmiştir, bunların en önemlisi ise tümör hücrelerinin doku faktörünü aşırı aktifleştirmesidir. Malignite hastalarında VTE kliniği çok geniş bir spektruma sahiptir, bazı hastalar asemptomatik iken bazılarında ise VTE fatal olabilmektedir, bu nedenle malignite tanısı olan her hasta VTE gelişme riski açısından yakın takip edilmelidir. Her malignite hastasında VTE gelişme risk skoru hesaplanmalı ve endikasyonu olan hastalara VTE profilaksisi verilmelidir. Doğrulanmış VTE tanısı olan hastalarda ise uygun doz ve sürede antikoagülan tedavi verilmesi gerekmektedir. VTE profilaksisi ve tedavisinin dikkatli yapılması gerekmektedir, çünkü malignite hastalarında tedaviye sekonder kanama sık görüldüğü gibi VTE rekürrensleri de sık görülmektedir.

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