

8. BÖLÜM

KANSER İLİŞKİLİ ENFEKSİYONLARDAN KORUNMA VE TEDAVİ

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GİRİŞ

Kanser hastalarında artan enfeksiyon riski daha yüksek morbidite ve mortalite ile sonuçlanmaktadır. Malignite; hastalarda ciddi ve tekrarlayan enfeksiyon riskini attırmaktadır. Nötropeni kemoterapi alan hastalarda enfeksiyon için major risk faktörüdür. Allojenik kök hücre nakli yapılan, yüksek doz immünespresif tedavi alan hastalar ise non-nötropenik yüksek enfeksiyon riski olan gruba örnektir. Antimikrobiyal tedavideki gelişmeler, koruyucu önlemler ile etkili stratejiler daha iyi sağkalımla sonuçlanmaktadır.¹⁻⁴ Kortikosteroidler ve pürin analoglarının yanında monoklonal antikorların daha yaygın kullanımı ve yeni gelişen tedavi ajanlarıyla birlikte immünkompromize hastalarda daha kompleks değerlendirmelere ihtiyaç duyulmaktadır.

Kanser hastalarında sık görülen patojenler, risk faktörleri, korunma, tanı, nötropenik ateş, organ spesifik enfeksiyonların tedavileri detaylı olarak anlatılacaktır.

ENFEKSİYON RİSKİNİ ARTTIRAN KONAĞA AİT FAKTÖRLER

Primer malignite ilişkili immünyetmezlik

Kronik ve akut lösemiler, multiple miyelom, non-hodgkin lenfoma gibi hematolojik maligniteler tümör infiltrasyonuna bağlı lökopeni veya disfonksiyonel kemik iliği nedeniyle artmış enfeksiyon riski taşımaktadır. Kronik lenfositik lösemili hastalarda hipogamaglobulinemi nedeniyle başta streptococcus pneumoniae olmak üzere kapsüllü bakterilerle enfeksiyon riski artmıştır.

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talarda enfeksiyonlar önemli bir morbidite ve mortalite nedenidir. Enfeksiyon açısından risk; altta yatan kanser türü, nötropeninin derinliği ve süresi, önceki enfeksiyon öyküsü, miyelosupresif tedavi, hastanın immün durumuna bağlıdır.

Kanser hastalarında enfeksiyöz komplikasyonlardan korunmada tarama testleri, viral reaktivasyonların saptanması için erken laboratuvar testleri, profilaktik ve preemplitif tedavilerin zamanında başlanması önemlidir. Ancak dirençli mikroorganizmalarda artış riskinden dolayı her hastaya antimikrobiyal profilaksi gerekmediği unutulmamalı, yalnızca yüksek riskli hastalarda uygun profilaksi rejimleri kullanılmalıdır.

Antipsödomonal etkinliği olan beta-laktamların gelişmesi rutin ampirik antibiyotik tedavisi kullanılması nötropenik hastalarda bakteriyel enfeksiyonlara bağlı mortalitede azalma sağlamıştır. Potent sitotoksik tedavi alan, allojenik nakil yapılan hastalar fırsatçı viral ve fungal enfeksiyonlar açısından risk altındadır. Bu fırsatçı mikroorganizmalar mortalitenin artan nedenleri olarak görülmektedir. Bir başka sorunda antibiyotik tedavilerine dirençli bakterilerdeki artıştır. Yalnızca antimikrobiyal profilaksi değil el hijyeni de korunmada önemlidir. Profilaktik veya ampirik tedavi başlarken bölgesel duyarlılık paternleri göz önünde bulundurulmalıdır.

Kanser hastalarında enfeksiyonlardan korunma ve tedavi kompleks ve gelişmekte olan bir alandır. Multidisipliner yaklaşımla daha başarılı sonuçlar elde edilebilir. Bireyselleştirilmiş risk değerlendirmesi, koruyucu önlemlere uyulması, aktif enfeksiyonun saptanması ve tedavisi kanser hastalarında daha iyi tedavi sonuçları almak için önemlidir.

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