

11. BÖLÜM

ONKOLOJİ HASTALARINDA NÖROPATİ VE TEDAVİSİ

Can ÇUBUK¹

GİRİŞ

Onkoloji hastalarında nöropati gelişimi başlıca dört farklı yolla meydana gelmektedir. Birincisi, kanserin sinirleri direk invazyonu ve sinirlere kompresyonu sonucu oluşan direk etkisi, ikincisi vaskülit dahil paraneoplastik uzak etkisi, üçüncüsü tedavinin direk toksik etkisi ve dördüncüsü immunsupresyon nedeniyle değişen immun yanıt olarak değerlendirilmektedir^(1,2). Kanser hastalarında polinöropati sıklığını değerlendirmek zordur, çünkü malignitenin tipi, evresi, lokalizasyonu, hastanın malnutrisyon durumu, tedavilerin toksik etkileri ve sıklıkla yaşlı popülasyonda görüleceği üzere önceden nöropatisi olan hastaların varlığı gibi faktörler mevcuttur. Yine de bazı serilerde kanserli hastalarda %1.7-5.5 oranında periferal nöropati semptom ve bulgularının olduğunu gösterirken, elektrofizyolojik testler sonucunda kanserli hastaların %30-40'ında periferal nöropati saptanmıştır⁽³⁾.

PARANEOPLASTİK NÖROPATİLER

Karsinomların uzak etkisi ile ilişkili nöropatiler paraneoplastik nöropatiler olarak adlandırılır ve oldukça nadirdir^(1,2).

Paraneoplastik Sensöryel Nöronopati/Ganglionopati

Paraneoplastik sensöryel nöronopati ile ilişkili en sık malignite küçük hücreli akciğer kanseri (KHAK) olup, özefagus, meme, over, böbrek kansinomları ve lenfomalar bildirilmiştir^(3,4,5).

Paraneoplastik sensöryel nöronopati sıklıkla 6. ve 7. dekadlarda gelişmektedir. Kadınlarda erkeklere göre daha fazla görülmektedir (2:1 oranına kadar).

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kanizmalarına bağlıdır. Bu nedenle, başarılı bir tedavi yönetimi için nöropati etyolojisini belirlemek yol gösterici olacaktır.

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