

14. BÖLÜM

ONKOLOJİ HASTALARINDA MUKOZİT YÖNETİMİ

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GİRİŞ

Kanser tedavisinde cerrahi, kemoterapi ve radyoterapi temel rejimlerdir. Mukozit, kemoterapi ve radyoterapi gören hastalarda sık görülen ve korkulan bir yan etkidir. Mukozit gastrointestinal sistemi kaplayan mukozada ağırlı bir inflamasyon ve ülsera neden olabilir.⁽¹⁾ Gastrointestinal sistemde ağızdan anüse kadar tüm yol boyunca görülebilirse de en sık oral ve orofaringeal mukozayı tutar.^(2,3) Bu nedenle ağırlıklı olarak oral mukozitten bahsedilecektir. Mukozit olan hastalarda etkilenen bölgeye bağılı olarak hastada semptomlar ortaya çıkar. Mukozit gelişen hastalarda, mukozit gelişmeyen hastalara göre enfeksiyon riski 2 kat, mortalite riski ise 4 kat artmıştır. Ayrıca mukozit önemli bir finansal yük oluşturur.^(4,5) Mukozitin tedavisi hem hasta hem de onkolog için can sıkıcı olabilir. Bu nedenle mukozit yönetimi oldukça önemlidir.

Mukozitin yaygınlığı ve şiddeti hastaya bağılı özelliklere ve uygulanan tedavi türüne göre değışir. Mukozit, hem kemoterapi hem de radyoterapi için doz azaltma ve tedavinin erken kesilmesinin önde gelen nedenidir ve bu nedenle hastaların kansere bağılı sağkalımını büyük ölçüde etkiler.⁽⁶⁾

SEMPTOMLAR VE RİSK FAKTÖRLERİ

Mukozitli hastalarda sık görülen semptomlar:

- ülserasyon kaynaklı ağrı
- bulantı
- kusma
- mide şikayetleri

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(47) Profilaktik steroidler olmadan, everolimus alan hastaların %60'ına kadar mukozit gelişir ve mukozit, görünümü ve konumu itibariyle kemoterapiye bağlı mukozitten farklıdır, ilk döngünün başlangıcından itibaren 5 gün içinde ortaya çıkar ve 1 hafta içinde düzelir.^(47,48) Bu ilaçları alan hastalarda, deksametazonlu ağız gargaraları, minimum yan etki ile mukozit insidansını ve şiddetini azaltmada etkilidir.⁽³⁰⁾ Yine mTOR inhibitörlerinden kaynaklanan aşırı dirençli mukozit vakalarında, yüksek doz steroidlerle sistemik tedavi gerekli olabilir.⁽⁴⁷⁾ Opioidler genellikle gerekli değildir.⁽⁴⁷⁾

Bevacizumab, lapatinib ve trastuzumab gibi diğer hedefli ajanlardan oral toksisiteden muzdarip hastaların tedavisine rehberlik edecek spesifik kanıtlar eksiktir.⁽⁴⁾ Muhtemelen, ağız bakımı, topikal ve sistemik analjezikler ve doz ke-sintisi veya azaltmanın bir kombinasyonu kullanılabilir.

SONUÇ

Mukozit, antikanser tedavisinin yaygın bir yan etkisidir ve hasta sonuçlarına olumsuz katkıda bulunabilir. Bu hastaların optimal yönetimi, devam eden bir çalışma kaynağıdır ve mukozitin patofizyolojisinin daha iyi anlaşılması, gelecekteki tedaviler için bilgi sağlayacaktır. Mukozitin türü ne olursa olsun, hasta eğitimi ve hasta ile personel arasındaki iletişim, mukozitin önlenmesi, erken teşhisi ve yönetimi için kritik öneme sahiptir.

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