

21. BÖLÜM

ONKOLOJİDE PALYATİF BRONKOSKOPİK YAKLAŞIMLAR

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Santral havayolu obstrüksiyonu(SHO) malign ya da benign nedenlerle ortaya çıkabilir. Malign nedenlere bağlı SHO primer endoluminal kanserler, metastatik kanserler, laringeal-nazofaringeal kanserler, özofageal karsinomlar, medyastinal tümörler ve lenfadenopatilere bağlı oluşabilir.

Daha az yaygın nedenler arasında hava yolu papillomları ve endobronşiyal hamartomlar gibi malign olmayan hava yolu tümörleri, vasküler halkalar, endobronşiyal enfeksiyonlar (Tüberküloz, histoplazmoz), laringoseller, travma veya diğer inflamatuvar patolojilere bağlı hava yolu hematomu ve fibrozan mediastinit sayılabilir.

Primer akciğer kanseri SHO'nun en yaygın nedenidir. Küçük hücreli dışı akciğer kanseri adenokanserlere göre major havayollarını daha çok etkilese de herikisi de SHO'na neden olabilir. Dıştan bası ya da lümen içi obstrüksiyon şeklinde ortaya çıkabilir (1,2).

Hava yolu obstrüksiyonu akciğer kanserli hastaların yaklaşık yüzde 20 ila 30'unda ortaya çıkar ancak bildirilen vakaların tümü SHO ile ilişkili değildir (3).

SHO Patogenezi:

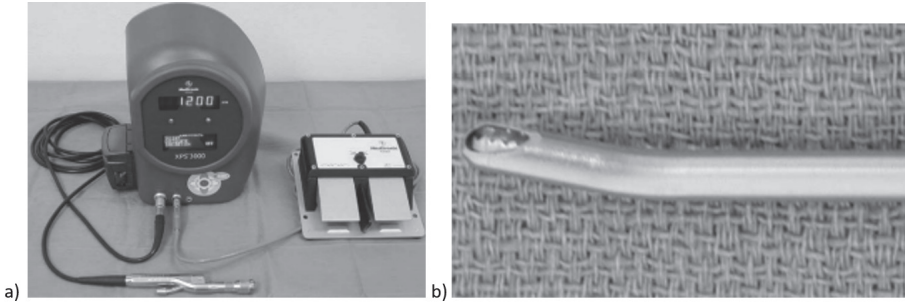
- Malign ya da benign tümörlere bağlı havayolu lümenine içten veya dıştan bası
- Travma veya enfeksiyondan kaynaklanan endobronşiyal granülasyon dokusu veya kalsiyum birikimi
- Kıkırdak bozuklukları veya trakeobronkomalazi nedeniyle hava yolu duvarında incelleme veya çökme

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c) Mikrodebritman:

Mikrodebrider cihazı ile hızlı dönen bir bıçağa (1000-3000 rpm) sahip içi boş metal bir tüp, aspiratöre bağlanır ve aynı anda nekrotik doku ve kanı boşaltırken normal dokunun diseke edilmesi engellenir (Resim 10) (58). Fleksibl bronkoskopi yoluyla gerçekleştirilen alternatif ablatif tedaviler daha kolay elde edilebildiğinden, debridman yaşamı tehdit etmeyen hafif SHO için yaygın olarak kullanılmamaktadır.

En sık komplikasyonu hemorajidir (%0-35). Oldukca hızlı ve güvenilir bir yöntemdir. Hava yolu açıklığı sağlama başarısı çok yüksektir (%98-100) (58).



Resim 10: a) Mikrodebrider cihazı b) Mikrodebriderin açılı döner bıçağı (60)

Dilatasyon yöntemleri hava yollarında hem intrinsik hem ekstrinsik nedenlere bağlı obstruksiyonlarda hızlı etki göstermektedir fakat sonuçlar kalıcı değildir. Bu nedenle daha uzun süreli etki sağlamak için dilatasyon sonrası lazer ve stent yerleştirilmesi önerilmektedir (52).

Sonuç olarak kanser tedavisinin bir parçası olarak uygulanan bu tedaviler hastaların semptomlarını azaltmakta, yaşam kalitesini artırmakta, bazı hastalarda yaşam süresini uzatmaktadır. Erken evre bronş kanserlerinde fotodinamik tedavi, elektrokoter, kriyoterapi ve brakiterapi küratif tedavi olanağı sunmaktadır.

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