

## 23. BÖLÜM

# KANSER TEDAVİSİNDE DERMATOLOJİK TOKSİSİTELERE YAKLAŞIM

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### GİRİŞ

Primer olarak hücre bölünmesini inhibe ederek etki gösteren konvansiyonel kemoterapi ajanları özellikle hücre bölünme hızı yüksek olan gastrointestinal sistem, hematopoetik sistem ve deriyi etkileyerek bulantı, sitopeni, alopesi, mukozit ve tırnak değişiklikleri başta olmak üzere çok sayıda sistemik ve kutanöz yan etkiye yol açabilmektedir (1). Konvansiyonel kemoterapötik ajanlara bağlı gözlenebilen kutanöz yan etkiler Tablo 1’de özetlenmiştir (1,2).

Hedefe yönelik ajanlar spesifik moleküler mekanizmalarla direkt kanser hücrelerini hedef alıp normal hücrelerde oluşabilecek hasarı azaltmaktadır. Bu moleküller tümör hücreleri yanında deri başta olmak üzere birçok dokuda da normal olarak mevcuttur (1). Bu nedenle EGFRi başta olmak üzere diğer tirozin kinaz inhibitörleri, immün kontrol noktası inhibitörleri (İKNi), mTOR inhibitörleri (mTORi) ve monoklonal antikorlar gibi diğer hedefe yönelik ajanlar da kutanöz yan etkilere sık sebep olmaktadır. Bu ajanlara bağlı görülebilen kutanöz yan etkiler Tablo 2’de özetlenmiştir (3-6).

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yaşam kalitesini önemli ölçüde bozabilmekte, tedavinin dozunun azaltılmasına veya tedaviye ara verilmesine neden olabilmektedir. Tedavi öncesi hastaların uygun deri bakımı konusunda ve oluşabilecek kutanöz yan etkiler hakkında bilgilendirilmesi, yan etkilerin erken tanı ve tedavisi ve tedavi sonrasında da derinin restorasyonunun sağlanması oldukça önemlidir. Bu nedenle hasta yönetimi dermatolog ve onkologların katıldığı multidisipliner bir yaklaşım şeklinde uygulanmalıdır.

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