

29. BÖLÜM

GELENEKSEL KEMOTERAPİ VE HEDEFE YÖNELİK TEDAVİDE KULLANILAN İLAÇLARIN OKÜLER YAN ETKİLERİ

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GİRİŞ

Geleneksel kemoterapi ve hedefe yönelik tedavi alan onkoloji hastalarında oküler yan etki gelişimi nadirdir; ancak gelişen yan etkiler ciddi ve irreversible görme kayıplarına neden olabilir.

Onkolojik tedavi gören bir hastada spesifik bir oküler semptom geliştiğinde, ayırt edilmesi gereken üç durum vardır. Bunlar malignensinin direkt metastazı, paraneoplastik sendromlar ve anti-neoplastik ajanların yan etkileridir. Paraneoplastik sendromlar çok nadir ortaya çıkan klinik tablolardır. Metastazların gözde en çok olduğu yer üveal traktustur. Koroidal metastazları ayırt edilebilmesi için ayrıntılı fundoskopik muayene, oküler ultrasonografi ve optik koherens tomografi (OKT) genellikle yeterlidir. Optik disk ve orbita metastazlarında, fundus muayenesinde optik disk sınırları silik görülebilir, bu hastalarda serebral ve orbital görüntülemeler tanıda yardımcı olabilir. Retina metastazları kendini intraretinal hemoraji ve vitritisle gösterir. Ayrıntılı fundus muayenesi ve vitreus biyopsisi ile vitritisin kaynağı tespit edilebilir.

Metastaz ve paraneoplastik sendromlar dışlandıktan sonra hastalara şüpheli anti-neoplastik ilaca devam edilerek semptomatik tedavi uygulanabilir; görme-yi tehdit eden ciddi yan etki varlığında ise ilaç kesilebilir.

GELENEKSEL KEMOTERAPİ İLAÇLARININ OKÜLER YAN ETKİLERİ

a. Antimetabolitler: Pentostatin ağrı ve fotofobinin eşlik ettiği, herpes kompleks keratitine benzer korneal dendritik ülserasyona neden olabilir. Her-

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Tablo 2: Hedeye yönelik tedavilerin oküler yan etkileri**Hedeye Yönelik Tedaviler****1.EGRF inhibitörleri:**

Cetuximab: Korneal erozyon, keratit, blefarit, kipriklerde uzama

Panitumumab: Konjonktivit

Erlotinib: Konjonktivit, ektropion, entropion, ön üveit

Gefitinib: Kuru göz, blefarit ve hemianopsi

2. HER2 inhibitörleri:

Ado-transtuzumabemtansine: kuru göz

Transtuzumab: Maküler ödem, maküler iskemi, seröz retina dekolmanı

3.BRAF inhibitörleri:

Vemurafenib: Üveit, kuru göz, konjoktit, Skuamoz hücreli kanser ve keratoakantom

4. Mitojen aktive protein kinaz inhibitörleri:

Cobimetinib-toremotinib: Retinal ven oklüzyonu, MEK inhibitör ilişkili retinopati

5.FGFR inhibitörleri:

Kuru göz, trikomegali, serözretinopati

6. İmmun kontrol noktası inhibitörleri:

İpilimumab: Konjoktit, episklerit, üveit, Graves benzeri oftalmopati

7.Anaplastik lenfoma kinaz inhibitörleri: Uçuşma, ışık çakması ve glare

8. Tamoksifen ve Toremifen: Kornealdepositler, katarakt, refraktif retinal depositler

9. Tirozin kinaz inhibitörleri:

İmatinib: Periorbital ödem, epifora, subkonjoktivalhemoraji, retinalhemoraji, kistoidmaküler ödem, optik disk ödemi

Vandetanib: Kornealvertisillata

Nilotinib: Kuru göz ve ksantolezma

Sorefenib: Skuamoz hücreli kanser ve keratoakantom

10. Antikor-ilaç konjugatları:

Korneal ülser ve keratopati

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