Bölüm 8

Paraneoplastik Romatolojik Sendromlar

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GİRİŞ

Romatolojik semptomlar çeşitli biçimlerde malign hastalıklarla ilişkili olabilir. Tümörler; kartilaj, kaslar, konnektif dokular ve kemikteki mezenkimal hücrelerden kaynaklanabilir ya da kas-iskelet sistemi, tümörlerin metastatik yayılımıyla invaze veya hematolenfatik malignensiler tarafından infiltre olabilir [1,2] (Tablo 1). İlaveten, bazı tümör tedavileri çok sayıda romatolojik klinik tabloya neden olmaktadır. Aromotaz inhibitörlerinin neden olduğu kas iskelet semptomları, mesane karsinomunda kullanılan Bacille Calmette-Guerin (BCG) sebep olduğu reaktif artrit ve immün checkpoint inhibitörleri ile tedavi sonrası gelişen otoimmün olaylar ve semptomlar romatologların yakın ilgisini çekmektedir [3-5].

Paraneoplastik sendromlar nadir fakat belirti vermeyen bir tümörün erken tespiti ve tedavisi için önemli olabilecek karakteristik özellikler gösterebilir. Paraneoplastik sendromlar tümörün direkt lokal etki ya da metastaz etkilerinden bağımsızdır. Tümörden salgılanmış olan peptid yapıdaki hormon ve sitokin gibi etki gösteren solubl faktörlere ek olarak tümör hücrelerine karşı gelişmiş olan humoral veya hücresel immün yanıt sonrası ortaya çıktıkları düşünülmektedir. Bundan dolayı paraneoplastik sendromların klinik belirtileri tümörden uzakta meydana gelip; eklemler, fasya, kaslar, damarlar ve kemikleri etkileyebilir [6,7]. Kanser hastalarının yaklaşık %50'si en az bir kez paraneoplastik semptomları, hastalıkları esnasında yaşama deneyimine sahiptirler. Bu semptomların büyük kısmını endokrinolojik olaylar oluşturmasına rağmen hematolojik, romatolojik ve nörolojik semptomlarda görülür [8].

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Jaccoid Artropati

Çoğunlukla el eklemlerin tutan ağrısız, eroziv olmayan fakat şekil bozukluğu yapan artrit tipidir. Metakarpofalengeal eklemde düzeltilebilen ulnar deviasyon ve fleksiyon deformitesi gelişir. Sistemik lupus eritematozis, romatoid fever ve akciğer kanserinde görülebilir. Ağrı ve şişlik olmadan, sinsi başlangıç, simetrik tutulum ve el eklemlerini öncelikli tutmasıyla karsinomatöz poliartriten ayrılır [68].

Skleroderma Benzeri Sendromlar

Meme, akciğer, metastatik melanom, mide, myelomda ve karsinoid tümör sklerodermaya benzer deri değişiklikleri görülebilir. Kadınlar erkeklerden 3 kat daha fazla etkilenir. Tümör hücreleri tarafından seratonin ve aşırı fibrojenik peptidlerin üretimi ve depolanmasıyla fibrozise yol açar [69,70].

SONUÇ

Klinisyenler; 50 yaş ve üzeri hastalarda hızlı başlangıçlı, atipik ve belirgin yapısal semptomlar varlığında öncelikli romatolojik tanı koymadan kanseri dışlamalıdır. Romatolojik yakınmaların altında kanserin olabileceğini bilmemiz gizli tümörlerin erken tanı ve tedavisine olanak sağlayacaktır [71].

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