

Bölüm 12

Paraneoplastik Gastrointestinal Sendromlar

Ahmet AYDIN¹

Sabin GÖKTAŞ AYDIN²

GİRİŞ

Paraneoplastik sendrom (PNS), bir tümör veya tümörün metastazları ile doğrudan ilgili olmayan, yerleşim yerlerinden uzaktaki bir organı veya sistemi etkilemesi sonucu gelişen sistemik bulgulardır. Klinik belirtileri çok değişken ve tanı konulması zordur. PNS, neoplastik hücrelerden salınan hormon, hormon benzeri peptit, büyüme faktörleri ve sitokinlere bağlı olarak gelişir. Bunun yanı sıra konağın immün yanıtı da oluşan organ hasarı ve klinik semptomlar ile ilişkilidir. Etkiledikleri organa veya sisteme göre sınıflandırılırlar (1). Bu bölümde, gastrointestinal PNS tanı ve tedavileri özetlenecektir.

MALİGNİTE İLİŞKİLİ DISMOTİLİTE

Gastrointestinal motilite; gastrointestinal sistemde yer alan düz kasların intrinsek ve ekstrinsek sinirler ile koordineli bir şekilde uyarılması ve çalışması sonucu oluşur. Bu koordinasyonda olabilecek fonksiyonel ya da yapısal bozukluk motilite bozukluğuna sebep olur. Gastrointestinal sistem motilite bozukluğu özofagus, mide, ince barsak veya kolonda olabilir. Çeşitli sistemik hastalıklarda gastrointestinal motilite bozuklukları görülebilmektedir. Paraneoplastik dismotiliteden şüphelenirken, öncelikle maligniteye bağlı çölyak veya vagal sinirin invazyonu, cerrahi sonrası oluşan dismotilite, mekanik obstrüksiyonlar, radyoterapi tedavisinin etkisi, diyabetes mellitus, hipotiroidi ve sistemik romatolojik hastalıklar dışlanmalıdır (2). Literatürde küçük hücreli akciğer kanseri, meme, over ve pankreas kanseri, karsinoid, retroperitone-

¹ Uzm. Dr., İstanbul Medipol Üniversitesi, İç Hastalıkları BD., uzm.dr.ahmetaydin@gmail.com

² Uzm. Dr., İstanbul Medipol Üniversitesi, Tıbbi Onkoloji BD., drsabinogoktas@gmail.com

KAYNAK

1. Pelosof LC, Gerber DE. Paraneoplastic syndromes: an approach to diagnosis and treatment. *Mayo Clin Proc.* 2010;85(9):838-54
2. Lee HR, Lennon VA, Camilleri M et al. Paraneoplastic gastrointestinal motor dysfunction: clinical and laboratory characteristics. *Am J Gastroenterol* 2001; 96:373.
3. Kanaji N, Watanabe N, Kita N, et al. Paraneoplastic syndromes associated with lung cancer. *World J Clin Oncol.* 2014;5(3):197-223.
4. Campos CT, Ellis FH Jr, LoCicero J 3rd. Pseudoachalasia: a report of two cases with comments on possible causes and diagnosis. *Dis Esophagus.* 1997 Jul;10(3):220-4.
5. Nguyen-tat M, Pohl J, Günter E, et al. Severe paraneoplastic gastroparesis associated with anti-Hu antibodies preceding the manifestation of small-cell lung cancer. *Z Gastroenterol* 2008; 46:274.
6. Lucchinetti CF, Kimmel DW, Lennon VA. Paraneoplastic and oncologic profiles of patients seropositive for type 1 antineuronal nuclear autoantibodies. *Neurology* 1998; 50:652.
7. Vernino S, Low PA, Fealey RD, et al. Autoantibodies to ganglionic acetylcholine receptors in autoimmune autonomic neuropathies. *N Engl J Med* 2000; 343:847.
8. Pardi DS, Miller SM, Miller DL, et al. Paraneoplastic dysmotility: loss of interstitial cells of Cajal. *Am J Gastroenterol* 2002; 97:1828-33.
9. Kahrilas PJ, Kishk SM, Helm JF, et al. Comparison of pseudoachalasia and achalasia. *Am J med* 1987;82:439-46
10. Hoogerwerf WA, Pasricha PJ, Kalloo AN, Schuster MM. Pain: the overlooked symptom in gastroparesis. *Am J Gastroenterol* 1999; 94:1029.
11. Abell TL, Camilleri M, Donohoe K, et al. Consensus recommendations for gastric emptying scintigraphy: a joint report of the American Neurogastroenterology and Motility Society and the Society of Nuclear Medicine. *Am J Gastroenterol* 2008; 103:753.
12. Kuo B, Maneerattanaporn M, Lee AA, et al. Generalized transit delay on wireless motility capsule testing in patients with clinical suspicion of gastroparesis, small intestinal dysmotility, or slow transit constipation. *Dig Dis Sci* 2011; 56:2928.
13. Bruera E, Seifert L, Watanabe S, et al. Chronic nausea in advanced cancer patients: a retrospective assessment of a metoclopramide-based antiemetic regimen. *J Pain Symptom Manage* 1996; 11:147.
14. Desautels SG, Hutson WR, Christian PE, et al. Gastric emptying response to variable oral erythromycin dosing in diabetic gastroparesis. *Dig Dis Sci* 1995; 40:141.
15. Banh HL, MacLean C, Topp T et al. The use of tegaserod in critically ill patients with impaired gastric motility. *Clin Pharmacol Ther* 2005; 77:583.
16. Camilleri M, Balm RK, Zinsmeister AR. Determinants of response to a prokinetic agent in neuropathic chronic intestinal motility disorder. *Gastroenterology* 1994; 106:916.
17. Silvers D, Kipnes M, Broadstone V, et al. Domperidone in the management of symptoms of diabetic gastroparesis: efficacy, tolerability, and quality-of-life outcomes in a multicenter controlled trial. DOM-USA-5 Study Group. *Clin Ther* 1998; 20:438.
18. Kim SW, Shin IS, Kim JM, et al. Mirtazapine for severe gastroparesis unresponsive to conventional prokinetic treatment. *Psychosomatics* 2006; 47:440.
19. Fahler J, Wall GC, Leman BI. Gastroparesis-associated refractory nausea treated with aprepitant. *Ann Pharmacother* 2012; 46:e38.
20. Lacy BE, Tack J, Gyawali CP. AGA Clinical Practice Update on Management of Medically Refractory Gastroparesis: Expert Review. *Clin Gastroenterol Hepatol* 2022; 20:491.)
21. De Giorgio R, Sarnelli G, Corinaldesi R et al. Advances in our understanding of the pathology of chronic intestinal pseudo-obstruction. *Gut* 2004; 53:1549.

22. Stanghellini V, Cogliandro RF, De Giorgio R, et al. Natural history of chronic idiopathic intestinal pseudo-obstruction in adults: a single center study. *Clin Gastroenterol Hepatol* 2005; 3:449.
23. Kidher ES, Briceno N, Taghi A et al. An interesting collection of paraneoplastic syndromes in a patient with a malignant thymoma. *BMJ Case Rep* 2012; 2012.
24. Cerra-Franco JA, Fernandez-Cruz C, Estremera-Marcial R, et al. Anti-Hu-Mediated Paraneoplastic Chronic Intestinal Pseudo-Obstruction Arising From Small Cell Prostate Cancer. *ACG Case Rep J* 2019; 6:e00105.
25. Darnell RB, DeAngelis LM. Regression of small-cell lung carcinoma in patients with paraneoplastic neuronal antibodies. *Lancet* 1993; 341:21.
26. De Giorgio R, Cogliandro RF, Barbara G, et al. Chronic intestinal pseudo-obstruction: clinical features, diagnosis, and therapy. *Gastroenterol Clin North Am* 2011; 40:787.
27. Khoshini R, Dai SC, Lezcano S et al. A systematic review of diagnostic tests for small intestinal bacterial overgrowth. *Dig Dis Sci* 2008; 53:1443.
28. Fuyuki A, Ohkubo H, Higurashi T, et al. Clinical importance of cine-MRI assessment of small bowel motility in patients with chronic intestinal pseudo-obstruction: a retrospective study of 33 patients. *J Gastroenterol* 2017; 52:577.
29. Maurer AH, Krevsky B. Whole-gut transit scintigraphy in the evaluation of small-bowel and colon transit disorders. *Semin Nucl Med* 1995; 25:326.
30. Lauro A, Zanfi C, Pellegrini S, et al. Isolated intestinal transplant for chronic intestinal pseudo-obstruction in adults: long-term outcome. *Transplant Proc* 2013; 45:3351.
31. Badari A, Farolino D, Nasser E, et al. A novel approach to paraneoplastic intestinal pseudo-obstruction. *Support Care Cancer* 2012; 20:425.
32. Bouras EP, Camilleri M, Burton DD, et al. Prucalopride accelerates gastrointestinal and colonic transit in patients with constipation without a rectal evacuation disorder. *Gastroenterology* 2001; 120:354.
33. O'Dea CJ, Brookes JH, Wattchow DA. The efficacy of treatment of patients with severe constipation or recurrent pseudo-obstruction with pyridostigmine. *Colorectal Dis* 2010; 12:540.
34. Sabbagh C, Amiot A, Maggiori L, et al. Non-transplantation surgical approach for chronic intestinal pseudo-obstruction: analysis of 63 adult consecutive cases. *Neurogastroenterol Motil* 2013; 25:e680.
35. Ohkubo H, Fuyuki A, Arimoto J, et al. Efficacy of percutaneous endoscopic gastro-jejunostomy (PEG-J) decompression therapy for patients with chronic intestinal pseudo-obstruction (CIPO). *Neurogastroenterol Motil* 2017; 29.
36. Lauro A, Zanfi C, Pellegrini S, et al. Isolated intestinal transplant for chronic intestinal pseudo-obstruction in adults: long-term outcome. *Transplant Proc* 2013; 45:3351.
37. Zemrani B, Lambe C, Goulet O. Cannabinoids Improve Gastrointestinal Symptoms in a Parenteral Nutrition-Dependent Patient With Chronic Intestinal Pseudo-Obstruction. *JPEN J Parenter Enteral Nutr* 2021; 45:427.