Bölüm 23

Küçük Hücreli Akciğer Kanserinde İzlenen Paraneoplastik Sendromlar

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GİRİŞ

Paraneoplastik sendromlar, tümörün doğrudan invazyon, obstrüksiyon veya metastazlar ile birlikte metabolik bozukluklar ve beslenme eksiklikleri, enfeksiyonlar, koagülopati veya kanser tedavisinin yan etkileri dışındaki mekanizmaların neden olduğu, tümörün salgıladığı protein ve peptid yapılı hormonlar gibi değişik faktörlere bağlı olarak tümörün uzak etkilerine bağlı ortaya çıkan ve tümörün tedavisi ile düzelen bulgulara sahip heterojen bir grup bozukluktur.

Tüm kanserli hastaların %1-7.4'ünde paraneoplastik sendrom geliştiği tahmin edilmektedir.(1) 2020 yılında tüm dünyada kansere bağlı morbidite ve mortalitenin yaklaşık %18.2'sini akciğer kanseri oluşturmaktadır (2). Paraneoplastik Sendromlar en fazla akciğer kanseri ile ilişkilidir ve vakaların yaklaşık %10'unda bildirilmiştir. (3) Akciğer kanseri alt tipleri arasında ise en sık küçük hücreli akciğer kanseri ile ilişkili olarak görülmektedir. Akciğer kanserli hastalarda görülen paraneoplastik sendromlar tipik olarak endokrin, nörolojik, dermatolojik ve romatolojik sistemlerde görülmektedir. Uygunsuz ADH Sendromu ise küçük hücreli akciğer kanserli hastalarda en yaygın görülen paraneoplastik sendromdur. Akciğer kanserli hastalarda görülen paraneoplastik sendromlar Tablo 1'de özetlenmiştir.

Paraneoplastik sendromlarda özellikle nörolojik ve dermatolojik semptomlar, genellikle ilişkili akciğer kanserinin belirti ve semptomlarından önce ortaya çıkmaktadır. Bu durum birçok hastada klinik olarak okkült kanserin erken teşhisini ve potansiyel olarak yüksek oranda tedavi edilebilir aşamada

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mikst B ve T-hücre inflamatuar infiltrasyonu ve perifasiküler kas lifi atrofisinin gösterilmesi değerlidir (62).Akciğer kanseri ile ilişkili DM tedavisinde; yüksek doz kortikosteroidler ile birlikte primer tümörün cerrahi olarak ya da sitotoksik kemoterapi ile tedavi edilmesi semptomların iyileştirilmesi için en önemli basamağı oluşturmaktadır (61, 63)**.** Dirençli hastalık için metotreksat/azatiopürin veya ritüksimab düşünülebilecek diğer seçenek tedavi ajanlarıdır.

Diğer dermatolojik, romatolojik ve hematolojik paraneoplastik sendromlar ise KHDAK'de daha sıklıkla görülmektedir.

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