Bölüm 24

Küçük Hücre Dışı Akciğer Kanserinde İzlenen Paraneoplastik Sendromlar

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GİRİŞ

Paraneoplastik sendromlar, doğrudan tümör invazyonu veya metastazları ile ilgisi olmayan, malignite ile ilişkili uzak etkileri ifade eder. Bunlar, kanser teşhisi konmadan önce ortaya çıkabilir ve şiddeti, birincil tümörün evresine göre bağımsız olabilir. Paraneoplastik sendromlar en sık akciğer kanseri ile ilişkilidir ve vakaların yaklaşık %10'unda rapor edilir. Endokrin sendromlar, özellikle uygunsuz ADH sekresyonu sendromu (SIADH) ve malignitenin humoral hiperkalsemisi (HHM), akciğer kanserinde en sık görülen paraneoplastik sendromlardır ve histolojik kanser tipi ile ilişkilidir [1].

ENDOKRİN SENDROMLAR

Hiperkalsemi

İlk tanı anında akciğer kanseri hastalarında %2-6 oranında hiperkalsemi bildirilmiştir; hastalık seyri boyunca insidans %8-12ıye yükselir [2]. Kötü prognoz ile ilişkilidir. PTHrP üretimi (paratiroid hormonu ile ilgili protein) ile ilişkilendirildiğinde HHM olarak adlandırılır. HHM, meme, böbrek, multipl miyelom ve akciğer gibi çeşitli malignitelerde gözlenir; akciğer kanserinin skuamöz hücreli alt tipi en sık görülen alt tiptir. Osteolitik metastazlar, malignitede hiperkalseminin bir diğer önemli nedenidir [3-5]. HHM'ye sekonder hiperkalseminin dört mekanizmasından (PTHrP, paratiroid hormonu, 1-25 dihidroksi vitamin D veya granülosit koloni uyarıcı faktör salgılanması), paratiroid hor-

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da insülin benzeri büyüme faktörü (IGFR) reseptörlerinde ve fibroblastlarda anormallikler gözlenmiştir. AN ve işkembe avuç içi tipik olarak altta yatan malignitenin tedavisi ile önemli ölçüde iyileşir ve topikal retinoidler de faydalıdır.

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