

Bölüm 22

BULANTI VE KUSMA İLE GELEN HASTAYA MULTİDİSİPLİNER YAKLAŞIM (ONKOLOJİK HASTADA KUSMA YÖNETİMİ)

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GİRİŞ

Üst gastrointestinal sistem barsak ile merkezi sinir sistemi arasında ki iletişim ile normal aktivitesini sürdürür. Barsak motor aktivite parasempatik, sempatik sinir sistemi, enterik beyin nöronları ve düz kas hücre yolağı üzerinden aktivitesini sürdürür.

Kusma hüморal, nöronal uyarılarla aktive olan bir reflektir.

Kusmanın indüklenmesinde ana yollar;

1. Nörotransmitter, peptid, ilaç, toksin gibi hüморal faktörlere duyarlı kemoreseptör trigger zon 4. Ventrikul tabanında postrema alanındadır.
2. Medullada nukleus traktus solitarius (NTS) humaral faktörler ve vagus aracılı visseral afferentleri birleştiren alandır
3. Merkezi patern jeneratörü denilen çeşitli motor çekirdeklerin olduğu alan; kusma refleksini kontrol eder.

Vagal afferentler aracılı uyarılar NTS, postrema alanı, limbik, kortikal alanlara ulaşır. Omurilik nosiseptif reseptör aracılı sempatik afferent yolakta beyin sapı çekirdeklerine ve hipotalamusa uzanır.

Çok çeşitli hastalık ve durumlar gastrik ve nongastrik tetikleme alanlarını uyarak kusmaya sebep olabilir. Beş ana nörotransmitter kusmaya aracılık eder.

Onkoloji hastalarında kusma etyolojisinde genel sebepler ile hastalığa ve tedavisine bağlı sebepler olabilir ki bunlar; kanserin kendisi, kanser kemoterapisi, analjezik, antibiyotik kullanımı, radyoterapi, mekanik obstruksiyon (gastrik çıkış obstruksiyonu, barsak tıkanıklığı gibi), elektrolit imbalansı, primer beyin tümör-

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