

## Bölüm 33

# BAŞ-BOYUN KANSERLERİNDE RADYOTERAPİYE BAĞLI GELİŞEN AĞRI VE YÖNETİMİ

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### GİRİŞ

Baş ve boyun kanserleri (BBK) tüm malign tümörlerin yaklaşık %5'ini oluşturur. Hastalarının %80'inde tümörün uzanımı veya tedaviye (radyoterapi (RT), kemo-terapi (KT), kemoradyoterapi (KRT) veya cerrahi) bağlı nedenlerden dolayı ağrı görülür (1). Ağrı, akut dönemde mukozanın (mukozit) ve tedavi sahasındaki cildin (dermatit) enflamasyonuna; geç dönemde ise fibrozise (kosto-klavikular veya temporomandibular eklem hastalığı, trismus, nöropatik ağrı) bağlı olabilir (2).

BBK hastalarında ağrının yönetimi oldukça zordur ve multidisipliner bir ekip çalışması gerektirir. Tüm sağlık personeli, tedavi planlamasından itibaren tüm hastalık süresince hastaların destekleyici bakıma ihtiyaç duyduğu zamanları dikkatle yönetmelidir (3). Son zamanlarda, artan akut ve geç etkilere bağlı agresif tedavilerin daha fazla kullanımı, hastaların genel sağkalımlarının artması nedeniyle tedavinin geç yan etkileriyle yaşayan hasta sayısında artış, akut ve geç yan etkilerin doğru yönetilmediği zaman hem hastaya hem de topluma getirdiği tedavi maliyetinin artışı gibi nedenlerle destekleyici bakımın önemi artmıştır (4).

BBK nedeniyle RT uygulanan hastaların tedavi deneyimlerinin kaydedildiği bir anket çalışmasında halsizlik, ağız kuruluğu, ağız yaraları ve ağrısı, tat değişiklikleri ve boğaz ağrısı en sık bildirilen rahatsız edici veya zayıflatıcı yan etkiler olarak değerlendirilmiştir. Ancak en önemli zayıflatıcı yan etki olarak, boğaz ve/veya ağız ağrıları olan hastalar tarafından karakterize edilen orofaringeal mukozitin; hastaların yeme ve içme kabiliyetini olumsuz yönde etkileyerek birçok hastada önemli kilo kaybına neden olduğu gösterilmiştir (5). Bu süreçte ağrı, hastaların yaşam kalitesini (beslenme, iletişim, uyku vs.) olumsuz olarak etkileyen en önemli faktörlerden biridir. Yaşam kalitesini en üst seviyeye çıkarmak için hastaların karşılaştığı sorunların nedenini ve ciddiyetini anlamak çok önemlidir. Ağrının

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ORN'nin erken tanı ve tedavisindeki zorluklar nedeniyle, ciddi komplikasyonların gelişmesini önlemek için, klinisyenler arasında bu konudaki farkındalığın artması arzu edilmektedir. Karmaşık etiyojisini netleştirmek ve yeni tedavi stratejilerine yönlendirmek için daha fazla araştırma yapılması gerekmektedir (72).

### **Diğer Yan Etkiler**

Tümör veya tedaviye bağlı lenfödem ve fibrozis ile ilişkili çene, boyun ve omuz disfonksiyonu olan hastalar akut ve uzun süreli kas-iskelet sistemi ağrısı yaşayabilir. Kas-iskelet sistemi ağrılı hastalar, NSAI ilaçlar (sistemik ve topikal) ve anti-spazmodikler gibi ek ilaçlardan yararlanabilirler (13).

## **SONUÇ**

Baş boyun kanserlerinde radyoterapi temel tedavi yöntemlerinden biridir. Baş boyun radyoterapisi uygulanan hastalarda oral alımda bozulma, kilo kaybı, organ fonksiyonunda bozulma, psikolojik sıkıntı ve yaşam kalitesinde bozulma ile sonuçlanan başta oral mukozit olmak üzere tedaviye bağlı ağrıyla ilişkili bazı yan etkiler görülebilmektedir. Radyoterapi ile eş zamanlı sistemik tedavilerin verilmesi yan etkilerin sıklığı ve şiddetinde artışa sebep olur. Tedavide kesintiye neden olan ve hastaların yaşam kalitesini olumsuz etkileyen bu olumsuz etkilerin klinik yönetimi önemlidir. Literatürde baş boyun RT'si uygulanan hastalarda ağrı ile ilgili çalışmalar olmasına rağmen kesin bir tedavi rehberi bulunmamaktadır. Bu bölüm ağrının yönetimi konusunda multidisipliner sağlık çalışanlarına öneriler sunmak amacıyla son yayınlanan literatürlerden hazırlanmıştır. Bununla birlikte, nöropatik ağrının yönetimi, opioidlerle gabapentin kombinasyonunun etkileri, kronik radyodermatitin yönetimi, ağrının yaşam kalitesi üzerindeki etkisinin analizi, özellikle baş-boyun kanseri hastalarında sadece ağrı için değil, aynı zamanda ağrı ile ilişkili semptomların yönetimiyle ilgili daha spesifik klinik çalışmalara ihtiyaç vardır.

**Anahtar Kelimeler:** Baş boyun kanseri, ağrı, radyoterapi, dermatit, mukozit, osteoradyonekroz

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