

Bölüm 30

ONKOLOJİ HASTASINDA AĞRI KONTROLÜ

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Ağrı, acil servis başvurusu gerektiren en yaygın semptomlardan biridir. Acil servise başvuran hastaların %70'i ağrı yakınmasına sahiptir. Ağrı, subjektif ve hoş olmayan bir histir; kanser hastalarında beşinci vital bulgu (1) olarak değerlendirilmeye başlanmıştır. İleri evre kanser hastalarında ağrı prevalansı %74'lerdedir. Ağrı etyolojik açıdan nosiseptif, nöropatik ve mix mekanizmalı olmak üzere üçe ayrılır. Analjezi ile ilgili terimler Tablo 1 de listelenmiştir.

Hastaların tedavisinde ağrının kontrol edilmesi ana amaç olmalıdır. Tedavi edilmeyen ağrı artmış sempatik aktivite, periferik vasküler direnç, miyokardiyal oksijen tüketimi ve karbondioksit üretimi gibi negatif fizyolojik sonuçlar doğurur. Geçmeyen ağrının diğer yan etkileri artmış hiperkoagülabilitate, azalmış mide boşalımı ve bağışıklık sistem yanıtının zayıflamasıdır (Tablo 2).

Tablo 1: Analjezi ile ilgili terimlerin tanımları

allodini	Normal şartlarda ağrı oluşturmayacak uyarılardan hastanın ağrı hissetmesi durumudur. Ör: ışığın tenine değmesinden ağrı hissetmek gibi.
amnezi	Hafızanın şekillenmesinin bir ajan tarafından baskılanması durumu
lokal anestezi	Lokal anestetik ajan enjekte edilerek bir bölgenin ağrıya duyarsız hale getirilmesi.
analjezi	Ağrının azalması durumu
hipnotik	Uykunun başlamasını sağlayan ajan

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Sistemik bir derlemede kansere bağlı NP %19-39,1 olarak bulunmuştur. Diğer kanser ağrı tipleriyle karşılaştırıldığında; kanser tedavisine bağlı oluşan ağrı oranı nöropatik kanser ağrısından fazladır (47).

Nöropatik kanser ağrısı kesin veya muhtemel tanısı için bazı kriterlere uyması gerekir; bu kriterler uluslararası ağrı çalışma birliğinin (IASP: International Association for the Study of Pain) nöropatik ağrıyla özel ilgilenen bir grup (NeuPSIG; neuropathic pain special interest group) tarafından oluşturulmuştur. Kanser ilişkili nöropati tanısı dört kriterden oluşur;

- 1- Nöroanatomiyeye uygun ağrı dağılımı,
- 2- Hastalık veya lezyon ilişkili geçmişinin olması
- 3- Lezyon bölgesinin innervasyonu içinde negatif veya pozitif sensoryal işaret
- 4- Tanısal testlerle lezyonun tanısının teyiti

Kriterlerden 1-2 ve 3'ün olması veya 1-2 ve 4'ün olması kanser ilişkili nöropatinin muhtemel tanısını koydururken; kriterlerin hepsini sağlaması kesin tanıyı koydurmaktadır (6).

Kanser ilişkili nöropatinin tedavisinde trisiklik antidepressanlar ve antikonvülzan ilaçlar kullanılır. Gabapentin, pregabalin, duloksetin ve TCA (<75 mg/gün) kanser ilişkili nöropatinin tedavisinde ilk seçenek tedavi olarak önerilmektedir.

Dirençli ağrılarda invaziv tedaviler

Kanser hastalarının yaklaşık %10'u oral veya paranteral analjezik ilaçlardan fayda görememektedir. Girişimsel teknikler; sinir blokajı, nörolitik blokaj (spinal nörolitik blok ve kordotomi) ve intratekal (spinal, epidural) ilaç enjeksiyonudur (48).

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