BÖLÜM 25

KEMİK AĞRISI

Gülçin BABAOĞLU [1]
Fırat AKBAŞ [2]
Nurten İNAN [3]

ÖZET

Primer kemik tümörlerine veya tümörlerin kemiğe metastazına bağlı meydana gelen kemik ağrısı, kanser hastalarının en sık yakındığı ağrı tiplerinden biridir. Kemikler, akciğer ve karaciğerden sonra üçüncü en sık metastaza uğrayan dokudur ve iskelet sistemine metastaz en sık vertebralara olmaktadır. İnflamatuar ağrı karakterini hatırlatan gece ağrıları tipiktir. Tümör dokusunun kitle etkisi ile periostu germesi ve aynı zamanda direkt ya da indirekt sinir uçlarını uyarması sonucu nosiseptif karakterde ağrı oluşurken; tümör kompresyonu, tümör içine kanamalar ve kimyasal mediatörler nedenli nöron hasarları da nöropatik ağrıya neden olabilmektedirler. Kemik içerisinde devam eden tümör büyümesi ise kaçak ağrısı olarak adlandırdığımız epizodik paternde ağrıya neden olmaktadır. Düzenli analjezik alan hastanın kronik ağrı tedavisini yetersiz kılan akut, delici ve çok şiddetli ağrı atakları ile karakterizedir. Kansere bağlı kemik ağrısı çok faktörlü olup çeşitli mekanizmalar içermesi sebebiyle ideal ağrı sağaltımı ve yaşam kalitesini sağlayabilmek için tedavi stratejileri hastaya özgü semptomlara, klinik bulgulara, histolojik tümör tipine, hastalığın evresine, hastanın fiziksel performans durumuna ve bireysel tedavi tercihlerine göre kişiselleştirilerek ele alınmalıdır. Opioidler kanser ağrısı yönetiminin temel dayanağını oluşturmaktadır. Farklı formülasyondaki opioidlerin, hastanın hem arka plan hem de kaçak ağrısının yönetiminde kullanılması önerilmektedir. Kanser ağrısı tedavisinde, analjezik tedavi merdiveninin her basamağında adjuvan ilaçlar yer almaktadır. Özellikle kemik metastazına bağlı ağrıda kortikosteroidler, bifosfonatlar, denosumab ve radyoizotoplar opioid tedavisinin yanında yardımcı ilaç olarak kullanılırlar. Opioidlerin yan etkileri nedeniyle tercih edilemediği ya da yüksek doz kullanılmasına rağmen analjezi sağlanamadığı hastalarda girişimsel müdahalelerden faydalanılabilir. Bir hastanın bireyselleştirilmiş bakım planı içerisinde hangi girişimsel müdahalenin en uygun olduğuna karar verirken, hasta ve sevk eden hekimin beklentileri, prosedür riskleri, faydaları ve prosedür sonrası yönetim dikkate alınmalıdır.

[1] Uzm. Dr., Ankara Şehir Hastanesi, Algoloji Kliniği, gulcinpektasli@gmail.com
[2] Uzm. Dr., Dışkapı Yıldırım ve Beyazıt Eğitim ve Araştırma Hastanesi, Algoloji Kliniği, frat_ak@hotmail.com
[3] Prof. Dr., Gazi Üniversitesi Tıp Fakültesi, Anestezi ve Reanimasyon AD., Algoloji BD., nurteninan@yahoo.com

SONUÇ

Kansere bağlı kemik ağrısı, kanser hasta popülasyonu arasında önemli morbidite nedenlerinden biridir. Kansere bağlı ağrılı kemik lezyonlarının, karmaşık ve agresif ağrı patofizyolojisi nedeniyle yönetilmesi zordur. Bu nedenle, en iyi hasta sonuçlarını sağlamak için multidisipliner bir tedavi yaklaşımı uygulanmalıdır. Girişimsel bir ağrı uzmanı, multidisipliner kanser tedavi ekibinin önemli bir parçasıdır, çünkü ek müdahalelerin dahil edilmesi morbiditeyi daha da azaltabilir ve yaşam kalitesini artırabilir.

Opioidler, NSAİİ, bifosfonatlar, radyoterapi ve monoklonal antikor tedavisine ek olarak, tanımlanan girişimsel tedavi teknikleri, bu karmaşık ağrı sendromundan muzdarip hastalarda tanısal ve terapötik yarar için düşünülebilir.

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