

BAŞ BOYUN KANSERLERİ

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ÖZET

Üst solunum ve sindirim kanalı ile cildinde ortaya çıkan baş boyun kanserleri, en yaygın altıncı kanser türüdür. Hastanın yaşam kalitesi üzerinde doğrudan etkili olan ağrı, baş boyun kanserli hastalarda sıktır. Ağrı, kanserin kendisine ve tedavilerine bağlı olabileceği gibi kanserle ilgisi de olmayabilir. Kanser ağrısı, kaynağına göre genel olarak nosiseptif, nöropatik veya mikst tip ağrı olarak sınıflandırılmaktadır. Oral ve orofaringeal yerleşim, ileri evre, multimodal onkolojik tedavi, bazı psikososyal faktörler artmış ağrı skorları ile ilişkili bulunmuştur. Bu hastalardaki ağrının türünün ve nedeninin değerlendirilmesi, optimal ağrı yönetiminin planlanmasında belirleyicidir. Klinik bir ağrı tanısı için, anamnez, kapsamlı fizik ve nörolojik muayene yanı sıra hastanın psikososyal değerlendirmesi gereklidir. Ağrı şiddetinin standardize değerlendirme araçları yardımıyla düzenli takibi, etkili ve bireyselleştirilmiş tedaviye yönelik ilk adımdır. Kanser hastasında ağrının boyutlarını değerlendirmek için McGill Ağrı Anketi kısa formu, nöropatik belirti ve semptomları değerlendirmek için LANSS anketi ve DN4 testi kullanılabilir. Baş boyun kanseri hastalarında ağrı çok faktörlüdür, bu nedenle ağrı yönetiminde antineoplastik, farmakolojik, girişimsel ağrı tedavisi ve tamamlayıcı yöntemlerin kombinasyonunu içeren kapsamlı ve multimodal bir yaklaşım gereklidir. Ağrı tedavisi temel olarak sistemik analjezikler, adjuvan ilaçlar ve opioidleri aşamalı bir şekilde kullanan, girişimsel tekniklerle birleştirilmiş, DSÖ'nün kanser ağrı basamak tedavisine ve farmakolojik yönetim ilkelerine dayanmaktadır. Kanser ağrısına yönelik kılavuzlarda, ağrı yönetiminin bireye özel planlanması ve hastanın onkolojik tedavi planına entegre edilmesi önerilmektedir. Baş ve boyun kanserli hastaların %10-20'sinde farmakolojik tedavi ile ağrı iyileşmesi yeterli olmayabilir veya tolere edilemeyen yan etkiler gelişebilir. Bu hastalarda, girişimsel yöntemler tek başına veya sistemik tedavi ile birlikte kullanıldığında ağrı kontrolü sağlayabilir. Girişimsel yöntemler arasında sinir blokları, nöromodülasyon, nörodestrüktif teknikler ve intraspinal ilaç sistemleri bulunmaktadır. Bilişsel, davranışsal, fiziksel, beslenme yöntem-

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