

## Onkolojik Aciller

Satı Coşkun YAZGAN<sup>1</sup>**| Uygunsuz Antidiüretik Hormon (ADH) Sendromu**

Uygunsuz ADH sendromu; hipofiz veya ektopik bir odaktan kaynaklanan ADH sekresyonunda artış veya ADH sekresyonunun baskılanamaması nedeniyle renal su atılımının bozulması ile ilişkilidir. Günlük sıvı alımı idrar çıkışından fazla olduğunda hastalarda hiponatremi gelişir. Malignitesi olan hastaların yaklaşık %1-2'sinde uygunsuz ADH sendromu saptanmaktadır. En sık küçük hücreli akciğer kanseri ve daha az sıklıkla baş boyun, meme, prostat, genitoüriner ve adrenal kanserlerde görülmektedir (1-3). Siklofosamid, ifosfamid, vinka alkaloidleri, platin bileşikler gibi antikanser ilaçları da uygunsuz ADH sendromuna neden olurlar (4).

Uygunsuz ADH sendromunun klinik prezentasyonu serum sodyum konsantrasyonu ve hiponatremi gelişme hızı ile ilişkilidir. Hiponatremi ilk 48 saat içinde gelişirse akut, 48 saat ve üzerinde gelişirse kronik hiponatremi olarak tanımlanır. Semptomlar beyin ödemeine bağlı olarak gelişen bulantı, baş ağrısı, halsizlik, konsantrasyon güçlüğünden konfüzyon, konvülsiyon ve komaya kadar ilerleyen geniş bir yelpazede bulunur (5-7). Uygunsuz ADH sendromu tanı kriterleri tablo 1'de özetlenmektedir.

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