

Bölüm 17

PEDİATRİK KANSER TEDAVİSİ SÜRECİNDE AĞIZ VE DİŞ SAĞLIĞI YÖNETİMİ

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GİRİŞ

Kanser, vücudun çoğu organ veya dokusunda ortaya çıkabilen, değişime uğramış anormal hücrelerin kontrolsüz bir şekilde büyüyerek çevre dokuları istila etmesi ve bazen diğer organlara yayılması sonucu beliren, tedavi yaklaşımı ve klinik özellikleri çeşitlilik gösteren bir hastalık türüdür (1,2).

Pediyatrik kanserler, farklı oluşum kalıpları (3), nedenleri (4), tedavi yöntemleri, destekleyici bakım gereksinimleri, hayatta kalma oranları (5) ve akut toksik yan etki ile uzun dönemde ortaya çıkabilen yan etki riskleri gibi farklı özelliklere sahip heterojen bir maligniteler grubudur (6,7). Pediyatrik kanserlerin en yaygın türleri arasında lösemiler, beyin kanserleri, lenfomalar ve nöroblastoma ve Wilms tümörleri gibi tümörler bulunur (8,9).

Gelişmiş ülkelerde kapsamlı hizmetlere genellikle erişim sağlanabildiği için kanser teşhisi konulan çocukların %80' den fazlası iyileşebilmekteyken, düşük ve orta gelirli ülkelerde bu oran %30' un altında kalmaktadır (9,10). Düşük ve orta gelirli ülkelerde, pediyatrik kanserlerden kaynaklanan ölümler genellikle teşhis eksikliği, hatalı veya geç teşhis, sağlık hizmetlerine erişim engelleri, tedaviyi terk etme, tedaviye bağlı toksisite sonucu ölümler ve nüks gibi faktörlerden kaynaklanmaktadır. Düşük gelirli ülkelerin yalnızca %29' u kanser ilaçlarına erişebildiklerini bildirirken, bu oran yüksek gelirli ülkelerde %96' ya yükselmektedir (9,10). Genel olarak pediyatrik kanser önlenememekte veya tarama yoluyla tespit edilememektedir (11). Kanser tedavisindeki yöntemler arasında cerrahi operasyonlar, kemoterapi, radyasyon tedavisi, immünoterapi ve kök hücre nakli yer almaktadır. Tedavi uygulanacak çocukların büyük bir bölümünde, kemoterapi veya bu tedavi yöntemlerinin bir kombinasyonu uygulanmaktadır (12). Kemoterapi, hızla bölünen hücrelere etki eden, sentetik veya doğal, biyolojik veya

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