

BÖLÜM 3

Kanser Hastalarında Enfeksiyon Kaynakları ve Sık Görülen Mikrobiyal Patojenler

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GİRİŞ

Son yıllarda kanser hastalarının bakımındaki büyük ilerlemeler sağkalımı iyileştirmiş olsa da, enfeksiyonlar önemli bir morbidite ve mortalite nedenidir. Tedavisinde kullanılan sitotoksik ajanlar hastalarda gastrointestinal sistem mukozasını bütünlüğünü bozulmasına neden olup mikroorganizmaların burdan invazyonunu kolaylaştırır. Ayrıca hastalarda humoral ve hücrel immünitinin zayıflamasına sebep olarak enfeksiyonlara eğilim oluşturur (1).

Kemoterapi uygulanan hastalar özellikle nötropeni durumunda da herhangi bir bakteriyel veya fungal enfeksiyonlara açık hale gelmektedir. Nötropenik durumda enfeksiyon etkeni mikroorganizmaların en önemli kaynağını hastaların endojen floraları oluşturmaktadır. Hastaneye yatan hastaların bir çoğu yatışı sonrası ilk haftasında hastane kaynaklı mikroorganizmalarla kolonize olur ve kolonizasyonun hastalığın şiddeti ile orantılı olduğu düşünülmektedir (2). Kemoterapi gibi sitotoksik ilaçların oluşturduğu mukozit ve hastalara uygulanan intravenöz kataterler, üretral kataterler, endotrakeal entubasyon gibi invaziv işlemler nedeniyle bütünlüğü bozulan bariyerler enfeksiyon riskini arttırmaktadır. Tedavi yöntemlerinin gelişme göstermesi ile birlikte var olan patojenler giderek ilaca dirençli hale gelmekte ve yanı sıra yeni patojenlerin etken olarak ortaya çıkmasıyla enfeksiyonların yönetiminde zorluklar yaşanabilmektedir. Enfeksiyon için risk faktörleri arasında altta yatan bağışıklık sistem yetmezliği, ilişkili komorbiditeler ve tedaviye bağlı olumsuz etkiler de yer alır.

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sıklıkla karşılaşılır. Hızla büyüyen tüberküloz dışı mikobakteriler, *M. chelonae* ve *M. fortuitum*, çıkış yeri veya tünel enfeksiyonlarıyla ilişkilendirilmiştir (65, 66).

Üriner kateter yerleştirilmesi ve trakeostomi gibi diğer invaziv işkemlerde normal florayı değiştirebilir. Üriner kateterler, kateter boyunca ilerleyen ve normalde steril olan bu vücut bölgelerini kolonize eden organizmalarla kolonize olabilir. Trakeostomili hastalar da ise genellikle yerleştirme sonrası birkaç gün içinde gram-negatif bakterilerle kolonize olur. Eğer pnömoni gelişirse, bunun nedeni genellikle hastanın kolonize olduğu aynı bakteriyel patojenlerdir (67).

SONUÇ

Son dönemde kanser hastaları sağkalımındaki uzama ve güncel tedaviler ile enfeksiyöz komplikasyonları açısından risk altındadır. Görülen enfeksiyöz ajanlara ilişkin açık bir etiyolojik anlayış geliştirmek için öncelikle enfeksiyona zemin hazırlayan konakçı ve tedaviyle ilişkili faktörlerin iyi bilinmesi gerekir. Bu hastalarda yeni ortaya çıkan patojenler ve enfeksiyonlar aynı zamanda direnç patenleri ile ilgili dikkatli olmak gerekmektedir.

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