

BÖLÜM 15

Kanser Hastalarında Cilt ve Yumuşak Doku Enfeksiyonları

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GİRİŞ

Cilt ve yumuşak doku enfeksiyonları, epidermis, dermis, subcutan dokular ve yağ tabakasına kadar değişik seviyede tutulumla giden süpüratif enfeksiyonlardır. Eritem, sıcaklık artışı, ağrı ve ödem ile karakterizedirler (1). Nekrotizan ve nekrotizan olmayan şekilde sınıflandırılır. Non nekrotizan cilt ve yumuşak doku enfeksiyonları selülit, impetigo, erizipel, fronkül, ektima ve karbonkül' dür. Nekrotizan enfeksiyonlar ise miyozit, selülit ve fasiit'tir (2). En sık sorumlu olan patojenler Staphylococcus aureus ve streptokoklardır. Büllöz impetigo'nun nedeni S. Aureus'ken, büllöz olmayan impetigoda ise β -hemolitik streptokoklar neden olmaktadır. Abse, karbonkül ve fronkül gelişiminde en sık S.aureus neden olurken, ektima oluşumunda S.aureus ve streptokoklar neden olmaktadır. Eri- zipel ve selülitte ise en sık streptokoklara bağlı oluşmaktadır. Nekrotizan doku enfeksiyonları ise monomikrobiyal veya polimikrobiyal nedenler olabilir (1). Komorbiditesi olan hastalarda bu enfeksiyonlarda atipik etkenler veya polimikrobiyal etkenler daha sıktır. Kanser hastalarında bu enfeksiyonlar daha gürültülü ve atipik seyir gösterebilirler. Ayırıcı tanıda düşünüp etkin tedavi verilmesi mortal seyredebilecek olan bu enfeksiyonların tedavisini sağlayacaktır. Kanser hastalarında alta yatan malignite, cilt infiltrasyonu, ilaç erüpsiyonları, radyoterapi ve kemoterapi ilişkili cilt reaksiyonları, sweet sendromu ve eritema multiforme gibi ayırıcı tanının çokluğu da erken tanı ve tedavinin gecikme nedenlerindedir. Bu bölümde, sınırlı sayıda klinik çalışma olan; kanser hastalarında cilt ve yumuşak doku enfeksiyonları anlatılacaktır (3-5).

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