

BÖLÜM 18

Kanser Hastalarında Gastrointestinal Kanal ve İntraabdominal Enfeksiyonlar

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GİRİŞ

Onkoloji pratiğinde kullanılan sistemik tedavi ajanlarının olası komplikasyonları gastrointestinal kanal enfeksiyonları ile karışabilir ya da uygulanan tedavilerin komplikasyonu olarak gastrointestinal kanal ve intraabdominal enfeksiyon gelişebilir. Bu bölümde incelenecek olan enfeksiyöz tablolar olası ayırıcı tanıda akla gelmesi gereken sistemik tedavilerin nonenfeksiyöz komplikasyonları ile birlikte incelenecektir.

MUKOZİT-ÖZEFAJİT

Sistemik kanser tedavisi altında mukozit, tat bozuklukları, enfeksiyon ve diş eti kanamaları görülebilir. Tüm bu komplikasyonlar ağrıya ve beslenme bozukluğuna neden olabilir (1).

Mukozit ilişkili olarak ülserler, disfaji, odinofaji, gastrit, diyare, absorbisyon bozukluğu görülebilir. Kemoterapi alan hastalarda mukozit oranı %40'a kadar çıkmaktadır. Allojenik kök hücre nakli olanlarda bu oran artmaktadır (2). Doksorubisin, sitarabin, metotreksat, 5FU, melfalan gibi konvansiyonel ajanlar ile afaatinib, erlotinib, sorafenib, lenvatinib, regorafenib, palbosiklib, erdafitinib gibi moleküler hedefli ajanların kullanımında sıkça görülebilmektedir. İmmün kontrol noktası inhibitörleri ve mTOR inhibitörleri de mukozal lezyonlara neden olabilir (3). Özellikle immün kontrol noktası inhibitörleri likenoid reaksiyon oluşturup eroziv lezyonlar oluşturabilmektedir (4).

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SONUÇ

Gastrointestinal enfeksiyonlar olası cerrahi gerektirebilecek komplikasyonları nedeniyle klinisyenin göz ardı etmemesi gereken antiteler olup gerek spontan gerek ise uygulanan tedavinin komplikasyonu olarak gelişebilmektedir. Uygulanan tedaviler öncesi ve sonrası hastaların şikayetleri vizitlerde sorgulanmalı, olası enfeksiyonun tespitinde hızlı olunmalıdır. İmmünsüpresif hasta grubunda geç tespit ve başvuru nedeniyle sepsis, septik şok ile başvuru daha sık görülebilmektedir.

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