

## Bölüm 15

### YOĞUN BAKIMDA KANSER VE SEPSİS

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#### GİRİŞ

Kanser dünya genelinde önemli bir sağlık problemi olup Amerika Birleşik Devletleri'nde ölümün en sık ikinci nedenini oluşturmaktadır. Amerika Birleşik Devletleri (ABD) Ulusal Sağlık İstatistikleri Merkezi verilerine göre ABD'de 2018 yılı içerisinde 1,735,350 adet yeni kanser vakası ve 609,640 adet kanser ölümleri gelişmiştir (1). Solid tümörler hematolojik malignitelerden daha sık görülmektedir. Solid tümörlerin büyük çoğunluğunu meme, akciğer, prostat, kolorektal ve mesane kanseri oluşturmakta iken lösemiler yeni vakaların sadece % 4'ünü oluşturmaktadır(2). Kanser hastalarında görülen en sık komplikasyon enfeksiyonlar olup altta yatan malignitenin türü ve tedavi modalitelerine göre farklılık göstermektedir. Solid tümörlerin daha sık görülmesine rağmen bugüne kadar malignite ile ilişkili enfeksiyonlar ile ilgili çalışmalar hematolojik malignensi alanında daha fazla yapılmıştır(3,4). Bu durumun en olası nedenleri solid tümörlü hastalarda ciddi immünsüpresyon olmaması ve nötropeni süresinin çok uzun olmamasıdır.

#### MALİGNİTELERDE ENFEKSİYON RİSKİNİ ARTTIRAN DURUMLAR

Solid tümörlü hastalarda ciddi immünsüpresyon meydana gelmese de enfeksiyon riskini arttıran çeşitli faktörler vardır. Bu faktörler normal anatomik bariyerler olan cilt ve mukozaların hasarlanması, cerrahi müdahaleler, kemoterapi, radyasyon, santral sinir sisteminin disfonksiyonu, malnütrisyon, medikal yardımcı malzemelerin (stent, kateter ve protezler) kullanımı ve obstrüktif değişikliklerin gelişimidir. Obstrüktif değişiklikler akciğer, hepatobiliyer, pankreas, kolorektal, prostat ve jinekolojik tümörlü hastalarda daha sık meydana gelir(5). Solid tümörlerde sık görülen enfeksiyonlar solunum yolları enfeksiyonları, kan dolaşımı enfeksiyonları, idrar yolları enfeksiyonları ve yumuşak doku enfeksiyonlarıdır.

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**Sepsisli mekanik ventilatöre bağı olan hastalarda devamlı veya aralıklı sedasyonun minimum düzeye indirilmesi gereklidir.**

Yoğun bakımda yatan ventile edilen hastalarda sedasyon kullanımının kısıtlanması mekanik ventilatörde kalış süresini, hastanede yatış süresini azaltmakta ve erken mobilizasyonu sağlayabilmektedir(49). Sedasyon kısıtlamanın bir diğer yöntemi de devamlı yerine aralıklı sedasyon uygulamasıdır (50).

**Ardışık olarak ölçülen iki kan şekeri düzeyi 180 mg/dL üzerinde olduğunda sepsisli yoğun bakım hastalarında kan şekeri yönetimine protokollü bir yaklaşım uygulanmalıdır.**

Yoğun insülin tedavisi uygulanan hastalarda hipoglisemi sıklığı da artabilmektedir.Bu nedenle glukoz üst sınırı 180 mg/dL olarak uygulanmalıdır.Glukoz ve insülin infüzyon dozları sabit oluncaya kadar her 1-2 saatte bir kan şekeri düzeylerinin izlenmesi gereklidir. Kapiller glukoz ölçümlerinin düzeylerine dikkat edilmelidir.Çünkü arteriyel kan veya plazma glukoz düzeylerini tam yansıtmayabilir.Bu nedenle hastaların arter kateteri varsa kapiller ölçüm yerine arter kanından ölçülmesi önerilmektedir.

**Gastrointestinal kanama risk faktörleri olan sepsis veya septik şoklu hastalara stres ülseri profilaksisi yapılmalıdır.**

Kritik hastaların gastrointestinal sisteminde stres ülserlerinin gelişimi artmış morbidite ve mortalite ile ilişkilidir(51).Stres ülseri profilaksisinin endike olduğu durumlarda proton pompa inhibitörleri veya histamine 2 reseptör blokerleri kullanılabilir.

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