



FEBRİL NÖTROPENİ YÖNETİMİ

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GİRİŞ

Kemoterapiye bağlı nötropeni , myelosüpressif kemoterapi sonrasında görülebilmektedir. Nötropeni ile birlikte ateş de ortaya çıkabilir. Genellikle hastaneye yatırılmayı ve geniş spektrumlu antibiyotik kullanılmasını gerektirir. Febril nötropeni yüksek mortalite , morbidite ve maliyet getirir (1–3).

TANIMLAR

Febril nötropeni (FN); Nötropenik bir hastada herhangi bir çevresel faktör olmaksızın, oral ateş ölçümünün 38.3 C° den daha yüksek olmasıdır. En az bir saat süre ile ateşin sebat etmesi febril konum olarak adlandırılır (4). Genellikle nötrofil sayısının $1000/\text{mm}^3$ den düşük olması nötropeni olarak kabul edilir (4,5). Kemoterapiye bağlı nötropeni sırasında ateş altta yatan ciddi bir enfeksiyonun tek göstergesi olabilir, çünkü iltihap belirtileri ve semptomları nötropeni döneminde azalır ve yanıltıcı olabilir. Ulusal Febril Nötropeni Derneği Çalışma Gurubu'nun hazırladığı kılavuzda ise ateş oral veya aksiller olarak bir kez 38.3 C° den yüksek veya 1 saat süre ile $38-38.2\text{ C}^{\circ}$ olması tanımlanır(5) . Nötropeni ise; nötrofil sayısı $500 /\text{mm}^3$ den az olması ve/ veya nötrofil düzeyi $500-1000/\text{mm}^3$ arasında olup 48 saat içinde $500/\text{mm}^3$ 'ün altına düşmesi beklenen şartlar olarak ifade edilmiştir (4,6–8)

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SONUÇ

Ateş gelişmeden önce florokinolon profilaksisi kullanılmayan hastalarda , ampirik ayakta tedavi olarak oral florokinolon ve amoksisilin / klavulanat (veya penisilin alerjisi varsa klindamisin) önerilmektedir. İlk, ampirik, geniş spektrumlu bir antibiyotik rejiminden 2-3 gün sonra yanıt alınamayan hastalar yeniden değerlendirilmeli ve yatarak tedavi için aday olarak değerlendirilmelidir. (7,13,36).

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