10.
BÖLÜM

ONKOLOJİ HASTALARINDA AKUT BÖBREK HASARINA YAKLAŞIM

Onur TUNCA[1]

GİRİŞ

Akut böbrek hasarı (ABH) kanser tanısı almış olan hastalarda oldukça sık karşılaşılan bir durumdur (1,2). Hasarın ciddiyeti kanserin evresine, tipine, uygulanan tedavi yöntemlerine ve eşlik eden komorbid hastalıklara göre değişkenlik gösterebilir (1,3). Tüm bunlara ek olarak hasta takibi sırasında karşılaşılabilen enfeksiyon, sepsis ve kansere bağlı metabolik bozukluklar da ABH'nin azımsanmayacak nedenleri arasında yer almaktadır (4).

Her ne sebeple gelişir ise gelişsin ortaya çıkan renal hasarlanmanın erken tanınması onkolog ve nefrologlar açısından hasta bazında ayrı bir öneme sahiptir. Tanıda yaşanan gecikmeler, hastaların hastanede yatış sürelerini uzatmakta ve hayat konforlarını etkilemektedir (5). Ayrıca ABH'ye bağlı inflamatuvar sitokin salınımının artmasıyla kapiller geçirgenlik bozulmakta ve renal replasman tedavisi (RRT) gerektiren durumlar ile karşılaşılabilmektedir (5). Kanser tedavisi sırasında uygulanan RRT'nin yaratmış olduğu problem ise kemoterapötik ilaç düzeylerinde yaşanan değişkenliklerdir (5). Bahsi geçen tüm bu istenmeyen durumlar, mevcut tedaviyi sekteye uğrattığı gibi bazen de kritik düzeyde kanser hastalarının tedavilerin sonlandırılmasına neden olabilmektedir (5).

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Mannitol, kalsiyum kanal blokeri (KKB), bikarbonat ve N-asetil sistein uygulamalarının yararı tartışmalıdır. Korunma önlemleri arasında yeterli hidrasyonun sağlanması ve mümkün ise riskli görülen durumlarda izo-osmolar ajanların tercih edilmesi bulunmaktadır (153).

SONUÇ

Kanser tanısı almış vakalarda gelişen ABH ülkemizde olduğu gibi tüm dünyada da halen büyük bir halk sağlığı problemidir. Mevcut hasarlanma kanserin kendisine ait komplikasyonlardan kaynaklanabildiği gibi verilen tedaviler ile de ilişkili olabilmektedir. Multidisipliner yaklaşım, gelişen teknoloji ve ileri yaşam desteği sayesinde eskiye nazaran oldukça fazla yol katedilmiş durumdadır. ABH açısından risk faktörlerinin iyi analiz edilmesi, hasar etiyolojisinin aydınlatılamadığı durumlarda renal biyopsi gibi girişimsel işlemlerden kaçınılmaması gerekmektedir. Umut ediyoruz ki bu konuda yapılacak yeni çalışmalar ile tanı ve tedavi aşamasında yaşanan zorluklar giderek azalacaktır.

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