



KEMOTERAPİ İLE İLİŞKİLİ AKUT DİYARE YÖNETİMİ

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GİRİŞ

Diyare kanser hastalarında hayat kalitesini bozan ,tedaviye uyum ve sürekliliğini bozan önemli bir sorundur. Muhtemel sebepleri radyoterapi, kemoterapi, geçirilmiş cerrahiler, azalmış fiziksel aktivite, graft versus host hastalığı ve enfeksiyonlardır.

Özellikle kemoterapi ilişkili diyare (KİD) , erken saptanması ve tedavi edilmesi kemoterapilerin devamı ve yönetimi açısından oldukça önemlidir. Kemoterapi rejimine bağlı olarak hastaların % 50-80'inde KID oluşabilir. KİD, sıvıların ve elektrolitlerin tükenmesine, yetersiz beslenmeye, dehidratasyona ve hastaneye yatırılmaya neden olabilir ve bunların tümü kardiyovasküler kollapsa ve ölüme yol açabilir. Ek olarak, ishal, hayatta kalma üzerinde etkisi olabilecek dozaj gecikmelerine veya azaltmalara neden olarak kanser tedavisine müdahale edebilir ve onu azaltabilir. Diyare ile en sık ilişkilendirilen ilaçlar florourasil (bir timidilat sentaz inhibitörü) ve irinotekan'dır (bir topoizomerez I inhibitörü).

Kemoterapi ilişkili akut ishalle ilişkili bu bölüm hazırlanırken özellikle ESMO (Avrupa Medikal Onkoloji Derneği) nun kanser hastaları için olan güncel önerileri dikkate alınmıştır(1).

FLOROURASİL KAYNAKLI İŞHAL

Florourasilin neden olduğu toksik etkiler kemoterapi rejimi ve doza bağlıdır. Bolus tedavi rejimleri, infüze edilen florourasilden daha fazla miyelosupresyon

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talarda diyare tedavisinde kullanılır. Küçük bir çalışmada, loperamide dirençli olan ChT ile indüklenen diyarenin tedavisinde oral budesonidin etkinliğini göstermiştir (30). Profilaktik budesonid önerilmemektedir.

Antibiyotikler:Antibiyotikler sadece ateş, hipotansiyon, peritoneal belirtiler, nötropeni, ince bağırsakta bakteriyel aşırı çoğalma, perianal sepsis veya nötropenik enterokolit, Clostridium difficile enfeksiyonu veya diğer enfeksiyon nedenlerini düşündüren kanlı diyaresi olan hastalar için endikedir.

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