



GÜNCEL ANTIEMETİK TEDAVİ STRATEJİLERİ

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GİRİŞ

Kanser tedavisinin korkulan, hastanın hayat kalitesini etkileyen yan etkilerinden biri bulantı ve kusmadır. Opiyat kullanımı, operasyonlar, radyoterapi gibi birçok nedenden kaynaklanabilse de kemoterapinin neden olduğu bulantı kusma daha ciddi hissedilir, tedavilerin devamını zorlaştırır. Bulantı kusma nedeniyle beslenme yetersizliği, dehidratasyon, metabolik bozukluklar, anoreksi, kendi işlerini görememe, mental performans azalması ve hatta potansiyel etkili kemoterapi ve/veya radyoterapiden vazgeçme görülebilir(1).

Kemoterapiye bağlı gelişen bulantı kusma sinir sistemimiz ve gastrointestinal sistemin birlikte verdiği yanıt ile oluşur. Kusma; kemoreseptör trigger zon, farenks ve gastrointestinal sistemden gelen vagal uyarılar, korteksten gelen uyarılar medulla oblongatada ki kusma merkezine ulaştığında tetiklenir. Kusma merkezinin efferent impulsları karın kasları, salgı sistemi, solunum sistemi ve merkezi sinir sistemine ulaştığında kusma meydana gelir.(2)

Bulantı kusmanın anatomik yollarından sonra kemoterapiye bağlı gelişen bulantı kusmada etkili olabilecek nörotransmitterler tespit edilmiştir. Merkezi ve periferik sistemde çok sayıda olan bu nörotransmitterler ve reseptörlerinin 1980'lerde bulunmaya başlanmasıyla kemoterapiye bağlı gelişen ve çok korkulan yan etki olan bulantı kusma için ışık olabileceği düşünülmüştür(3). Kusma ile ilgili olabilecek serotonin (5-hidroksitriptamin[5-HT₃]) ve dopamin reseptörleri tanımlanmış ve 5-HT₃ reseptörlerinin periferik yoldan akut emezis ile ilgili

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