



AKUT BÜYÜK HAVA YOLU OBSTRUKSİYONUNA BAĞLI GELİŞEN DİSPNE YÖNETİMİ

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GİRİŞ

Malın büyük hava yolu obstrüksiyonu (BHYO); tümörün trakea, ana bronş, intermedier bronş veya lobar bronşu oklüde etmesi olarak tanımlanır. Havayolunda en sık izlenen malın tümörler; akciğer kanseri, karsinoid tümör, mukopidermoid karsinom, fibrosarkomdur. Şekil 1.a' da karsinoid tümör saptanan hastadaki trakeal kitle izlenmektedir. Akciğer kanserinde %20-30 büyük hava yolu obstrüksiyonu görülmekte olup mortal seyreden hastaların %40' ı hastalığın bölgesel progresyona bağlıdır (1). 2019 da yapılan çalışmada akciğer kanseri olgularında BHYO oranı %19 olarak bildirilmiş ve mortalite oranları da daha yüksek saptanmış (2). Primer ekstrapulmoner malignitelerde de %2-50 oranında büyük hava yolu obstrüksiyonu görülebilmektedir (3).

Extraluminal (ekstrinsik), endoluminal (intrinsik), miks (kombine intrinsik ve ekstrinsik) olarak sınıflandırılır. Eksternal kompresyon; guatr, lenfadenopati, tümör (özefagus kanseri, tiroid kanseri, mediastinal tümörler ile en sık meme, kolorektal, renal kanser metastazları) veya hematoma ile sinsi veya hızlı başlangıçlı olabilir (4). Şekil 1.b' de özefagus kanseri olan hastada trakeal bası izlenmektedir.

Malın BHYO hastalarda solunum yetmezliği, obstruktif pnömoni, tekrarlayan enfeksiyonlar, ateletaziye yol açarak dispne, ortopne, öksürük, hemoptizi yakınmalarına neden olmaktadır. Hava yolu obstrüksiyonu ile hipoventilasyon, artmış solunum iş yükü, gaz değişim bozukluğuna bağlı hiperkapni, respiratuar

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Tablo 1. Endobronşial tedavi yöntemlerinde etki başlama zamanı ve endikasyonlar

	Hızlı yanıt	Gecikmiş yanıt	Endobronşial yerleşim	Extrinsik bası	endobronşial+ ektrinsik bası (miks)
Lazer	+	+	+	-	+
Elektrokoter	+	+	+	-	+
APC	+	+	+	-	+
Mekanik debulking	+	-	+	-	+
Stent	+	-	-	+	+
Kriyodebrid	+	+	+	-	+
Fotodinamik tedavi	-	+	+	-	+
Kriyoterapi	-	+	+	-	+
Brakiterapi	-	+	-	+	+
Balon dilatasyon	+	-	-	+	+

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