



ONKOLOJİ HASTALARINDA GELİŞEN İNTESTİNAL PERFORASYONLARA GÜNCEL YAKLAŞIM

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GİRİŞ

Kanser cerrahisiyle ilgili acil durumlarda, hastalığın ve tedavinin yönetimini zorlaştırabilen ve özel dikkat gerektiren durumlar mevcuttur. Gastrointestinal sistemin (GİS) perforasyonu ve eşlik eden enfeksiyöz komplikasyonlar kanser hastalarında ortaya çıkabilen ve yaşamı tehdit eden olaylardır (1,2,3). İntestinal perforasyonlar uzun süreli obstrüksiyon sonrası distansiyon ve iskemiye, tümör nekrozuna ve bağırsak mukozası bütünlüğünün bozulmasına, steroid tedavisi, kemoterapi veya radyoterapiye bağlı olarak gelişebilmektedir. Tümörün kendisine bağlı spontan perforasyonlar en sık kolorektal kanserlerde ve GİS lenfomalarında görülmektedir (1,2,3). Perforasyon sonucunda hastaların mortalite, lokal rekürrens ve peritonitis karsinomatoza risklerinde artış görülmektedir (4,5).

Preoperatif değerlendirilmede medikal, cerrahi geçmişin sorgulanması önemlidir.

TÜMÖRE BAĞLI PERFORASYON

GİS tümörlerinin perforasyonu, travma veya iyatrojenik yaralanmaların bir sonucu olarak ortaya çıkabilmektedir (6). Spontan perforasyon gelişiminden sorumlu iki temel faktör iskemi ve nekrozdur (6). Neoplastik hücreler bağırsak duvarına yerleştikten sonra hızlı büyüme sırasında veya iskemik koşullar altında

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opasifikasyonu baryum sülfat veya suda çözünen kontrast maddeler ile sağlanmaktadır. Perforasyon şüphesi olan durumlarda baryumlu kontrast madde kullanımı kontrendikedir ve suda çözünen iyotlu ajanlar tercih edilmelidir. İntestinal perforasyonda BT'de pnömoperitoneum, bağırsak içeriğinin ve oral yoldan verilen kontrast maddenin ekstravazasyonu, tümör içinde hava değerleri görülür (1).

Ultrasonografi; radyasyon kullanmayan, gerçek zamanlı dinamik bilgi sağlayabilen, hızlı ve uygun maliyetli bir görüntüleme yöntemidir (75). Pnömo-peritoneum intraluminal boşlukta lokalize olmayan ve hasta hareketiyle değişen ekojeniteler olarak görülebilir (75,76). Dezavantajları yapan kişinin deneyimine bağlı olarak duyarlılık ve özgüllüğünün değişkenlik göstermesi ve perforasyon lokalizasyonunun tespitinin zorluğudur (75).

SONUÇ

Kanser hastalarında intestinal perforasyona neden olan birçok faktör bulunmaktadır. Sık tekrarlanan endoskopik işlemler, kemoterapötikler, radyoterapi vs. intestinal perforasyon ile ilişkilidir. İntestinal perforasyonu olan çoğu kanser hastası eksplorasyon, bağırsak onarımı veya rezeksiyonu ve/veya ostomi içeren cerrahi işlemlerle tedavi edilmeye çalışılır. Ancak bu hasta grubu özel bir öneme sahip olduğundan mutlaka radyolog, cerrah ve tıbbi onkolog'dan oluşan bir multidisipliner yaklaşımla değerlendirilmelidir. Tümör progresyonunu engellemek için hastaların en az hasarla ve en kısa sürede kemoterapi ve/veya radyoterapi tedavilerini almaları sağlanmalıdır.

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