10.
BÖLÜM

ONKOLOJİK TEDAVİYE BAĞLI KORONER ARTER HASTALIKLARI

Özkan CANDAN [1]

GİRİŞ

Koroner kalp hastalıkları ve kanser son yıllarda dünyadaki ölümlerin en sık iki nedenidir. Koroner arter hastalığı ve kanserin demografik özelikleri benzer olup her iki hastalığa neden olan ortak risk faktörleri vardır. İleri, yaş ve sigara her iki hastalığın oluşmasında en önemli risk faktörü iken ek olarak diyabet, hipertansiyon ve obezite de bu iki grupta sıktır. **(1-3).** Ortak demografik özeliklerin sonucu olarak koroner arter hastalığı olan kişilerde kanser de daha sık görülmekte, kanser olan hastalarda da coroner arter hastalığı sıklığı daha fazla olmaktadır. Son yıllarda kanser alanındaki yeni etkili tedavi yöntemleri ile kansere bağlı ölümler azalırken bu hastalarda kardiyovasküler hastalıklar artmaktadır. **(4, 5**). Aynı zamanda yaşlanan populasyonla birlikte onkolojik hastalıklar ile başvuran hastalarda eşzamanlı kardiyak hastalıklarda sık görülmektedir. Kanser tedavisinde kullanılanbazı ilaçlar coroner arter hastalığı olanlarda veya olmayanlarda damar endotelini etkileyerek aterosklerozis inaktivasyonuna ve önemli kardiyak olaylara neden olmaktadır**(6)**. Bu iki hastalığın birlikteliği ve yönetimi zorluklar içerdiğinden kardiyo-onkoloji birimlerinin son yılllarda artmasına yol açmıştır. Kardiyologların kanser tedavi sürecinde ve sonrasında ortayaçıkabilecek coroner arter hastalıklarına bağlı durumların doğru bir şekilde yönetimini bu bölümümüzde inceleyeceğiz.

ONKOLOJİK TEDAVİYE BAĞLI KORONER ARTER HASTALIKLARININ PATOFİZYOLOJİSİ VE KLİNİK TANISI

Genel olarak kullanılan ajanlara bağlı değişmekle birlikte kardiyotoksisite için birçok mekanizma önerilmektedir. Her ajana ait patofizyolojik mekanizmalara ilgili kısım da daha detaylı olarak bahsedilecektir.

[1] Doç. Dr., Uşak Üniveritesi, Tıp Fakültesi, Kardiyoloji AD, oz_candan@hotmil.com

Doğrusal hızlandırıcı fotonlar ve çok alanlı konformal veya yoğunluk modülasyonlu radyoterapi (IMRT), ile kardiyak maruziyeti sınırlandırmak için radyasyon dozajının daha kesin lokalizasyonunu sağlanmıştır. Kalbe düşük radyasyon maruziyeti için kurşun blokların kullanılması standart hale gelmiştir**(65).**

Lenfoma ile RT verilen hastalarda uzun dönemde genel populasyona göre dah afazla kardiyak olay görülür. Lo ve arkadaşlarının lenfoma ile radyoterapi verilen 305 hastanın ortalama 19 yıllık takibinde kardiyak olay insidansı 5 yılda 2.3 ± %0.9, 10 yılda 4.4 ± %1.5 saptanmıştır **(72).** Boyne arkadaşlarının 46.829 Hodgin Lenfomalı, 14.764 NonHodgin lenfomalı hastayı içeren metaanalizlerinde, genel populasyon ile karşılaştırıldığında lenfomalarda kardiyak nedenli ölüm 5.3- 7.3 kat daha fazla ve 3.en sık ölüm nedeni olarak tespite dilmiştir**(73).**

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