



## ONKOLOJİK TEDAVİYE BAĞLI KORONER ARTER HASTALIKLARINDA TANI VE TEDAVİ YAKLAŞIMLARI

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### GİRİŞ

Günümüzde artan kanser insidansı ve artan hasta sayısına bağlı olarak onkolojik tedavi alan popülasyondaki büyüme, kanser tedavisinin erken ve geç dönem yan etkilerinin onkoloji dışındaki branşlar tarafından da tanınıp tedavi edilebilmesini gerekli kılmıştır. Onkolojik tedavi alan hasta grubunda hem risk faktörleri (hipertansiyon, diyabet, hiperlipidemi, obezite) sıklığı, hem koroner arter hastalığı insidansı, hem de mevcut risk faktörlerinin hastalığa yol açma olasılığı artmıştır[1]–[4]. Patofizyolojide; bir önceki bölümde ayrıntılı olarak bahsedildiği gibi endotel hasarı, tromboza artmış yatkınlık, vazospazm ve hızlanmış ateroskleroz rol alır[5]. Bu bölümde onkolojik tedavilere bağlı olarak ortaya çıkan koroner arter hastalıklarının klinik tanısı ve tedavi yaklaşımları üzerinde durulacaktır.

### 1- RADYOTERAPİYE BAĞLI KORONER ARTER HASTALIĞI

Radyoterapi (RT), Hodgkin hastalığı, meme kanseri, çocukluk çağı solid tümörleri gibi pek çok hastalıkta gerek tek başına gerekse kemoterapi ile birlikte tedavinin önemli bir parçasıdır. Tedavi amaçlı kullanılan radyasyonun kardiyovasküler sistem üzerinde, koroner arter hastalığı, kapak hastalığı, ileti anormallikleri, konjestif kalp yetmezliği gibi bir dizi yan etkileri olduğu görülmüştür. [6][7]. Yeni gelişen radyoterapi teknikleri ile yan etki insidansı düşebilmekle birlikte, tedaviden 5-10 yıl sonrasında %10-30 arasında değişen oranda hastada kardiyovasküler yan etkiler görülmektedir[8].

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sek riskli hastalarda 5 yıl sonra) başlamak üzere 5 yıllık aralıklarla transtorasik ekokardiyografi (EKO) yapılmalıdır[7]. Asemptomatik hastalarda radyoterapi-den 5 yıl sonra kardiyovasküler stres test yapılması uygundur. 60 yaş üstü hasta, 1'den fazla kardiyovasküler risk faktörü varlığı, bilinen koroner arter hastalığı varlığı ya da vazotoksik kanser ilacı kullanımı gibi risk faktörlerinin varlığında asemptomatik hastalarda kardiyovasküler stres test RT sonrası 2. yılda yapılmalıdır. Kardiyovasküler hastalık belirti ve bulguları varlığında koroner anji-yografi yapılması uygundur[81].

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