



ONKOLOJİK TEDAVİYE BAĞLI PERİFERİK VASKÜLER HASTALIKLAR VE İNME

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ONKOLOJİK TEDAVİYE BAĞLI PERİFERİK VASKÜLER HASTALIKLAR VE İNMENİN PATOFİZYOLOJİSİ VE KLİNİK TANISI

Kardiyoonkoloji, kemoterapi ve radyoterapinin yan etkisi olarak ortaya çıkan kardiyovasküler hastalıkların saptanması, takibi ve tedavisine odaklanan kardiyolojinin yeni bir alanıdır. Onkolojik popülasyonda tedaviye bağlı mortalite ve morbidite artışına yol açan çeşitli kardiyovasküler olaylar görülebilmektedir. Bu tedaviler miyositleri, endotel hücrelerini ve kan hücrelerini etkileyerek farklı mekanizmalar yoluyla kardiyovasküler toksisiteyi indüklemeye potansiyeline sahiptirler. Hastalara tedavi öncesi ayrıntılı kardiyovasküler değerlendirme yapılmalı, tedavinin herhangi bir aşamasında gelişebilecek istenmeyen olaylar açısından yakın takibe alınmaları önerilmektedir. Özellikle kardiyovasküler olay açısından yüksek riskli olan bireylerin onkolog ve kardiyolog arasında işbirliği içinde birlikte takip edilmeleri giderek önem kazanmaktadır. (1,2)

Periferik arter hastalığı

Periferik arter hastalığı, kardiyovasküler risk faktörleri ve uygulanan onkolojik tedaviye ikincil bir komplikasyon olarak yaklaşık%30'a varan bir insidansla ortaya çıkabilir. (3) Risk faktörleri arasında hipertansiyon, hiperlipidemi, diyabet, geçirilmiş tromboz ve inme, ileri yaş, erkek cinsiyeti, sigara kullanımı, obezite, düzensiz ilaç alımı, uygulanan kemoterapinin dozu ve süresi yer almaktadır. (4) Kronik miyeloid lösemisinin (KML) tedavisinde kullanılan tirozinkinaz inhibitörleri (TKİ), periferik arter hastalığı ve kardiyovasküler istenmeyen olayların gelişiminden sorumlu ana anti-neoplastik ajanlardır. KML hastalarında "altın standart" tedavi olarak kabul edilen imatinibe karşı ortaya

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nekroz, fibroz, vasavazorumlarda obstrüksiyon ve hızlanmış ateroskleroz yer alır. (35,36)

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