23.
BÖLÜM

ONKOLOJİK TEDAVİYE BAĞLI PULMONER HİPERTANSİYONDA TANI VE TEDAVİ YAKLAŞIMLARI

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ONKOLOJİK TEDAVİYE BAĞLI GELİŞEN PULMONER HİPERTANSİYON TANISI

Kanser hastalarında pulmoner hipertansiyonun multifaktöriyel olması nedeniyle onkolojik tedaviye bağlı pulmoner hipertansiyon(PH) tanısı, belirti ve semptomların ortaya çıkmasıyla beraber, görüntüleme yöntemleri ve hemodinamik bulguların değerlendirilmesiyle PH'ye neden olan etiyolojilerin kapsamlı bir incelemesini gerektirir. Bu hastalardaPH etiyolojisinin saptanması,onkolojik tedavinin ve devamlılığının değeri göz önüne alındığında son derece önem kazanmaktadır. Bu sebepleonkolojik tedaviye bağlı PH ile diğer onkolojik nedenlere bağlı PH etiyolojileriayırt edilmelidir. (1-2)

Semptomlar

Semptomlar genellikle nonspesifiktir. Eforla nefes darlığı, yorgunluk, angina, senkop, kuru öksürük, bulantı sık görülen semptomlardır. Daha ileri evrelerde istirahatte benzer şikayetler görülür. Sağ ventrikül yetmezliği gelişirse alt ekstremitede ödem ve karında distansiyon izlenir.

Fizik muayene

PH'nin fizik muayene bulguları arasında sol parasternal vuru(lift), oskültasyonda S2' nin pulmoner bileşeni ve sağ ventrikül S3 bulunur. Ayrıca triküspit yetersizliğinin pansistolik üfürümü ve pulmoner yetmezliğin diyastolik üfürümü duyulabilir. İleri evrelerde sıklıkla yüksek juguler venöz basınç, hepatomegali, asit, periferik ödem ve soğuk ekstremiteler görülür.

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öncelikli kombinasyon tedavisi uygulanmalı ve hastanın onkolojik durumu ve komorbiditeleri göz önüne alınarak akciğer transplantasyonu açısından değerlendirilmelidir. Hasta 3-6 ayda bir kontrol edilmeli, düşük risk grubunda ise tedaviye devam edilmelidir. Hastamevcut tedaviye rağmen orta,yüksek risk grubunda saptanırsa üçlü kombinasyon tedavisine geçilmelidir. (14)

Onkolojik tedaviye sekonder pulmoner venookluziv hastalıkların belirli bir medikal tedavisi yoktur. (35) Yüksek doz diüretik ve O_2 tedavisi önerilir. Bazı hastalar vasodilatör tedaviden fayda görsede ilaca bağlı pulmoner ödem gelişme riskinden dolayı uzman merkezlerde, düşük dozlarda ve çok dikkatli kullanılmalıdır. (36) Hastalar akciğer nakli açısından değerlendirilmelidir.

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