



ONKOLOJİK TEDAVİYE BAĞLI DİĞER KARDİYOVASKÜLER KOMPLİKASYONLAR

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Günümüzde kanser ve kanser tedavisine bağlı olarak görülen kardiyovasküler komplikasyonlar, hastaların morbidite ve mortalitesini etkileyen önemli nedenler arasında yer almaktadır. Bu nedenle kanser hastalarının takipleri sırasında bu komplikasyonların tanı ve tedavisi, prognoz açısından oldukça önemlidir. Perikarditler, perikardiyal efüzyon, plevral efüzyon ve otonomik disfonksiyona bağlı görülen komplikasyonlar, kanser tedavisi alan hastalarda sıklıkla görülmektedir.

1. Perikard Hastalıkları

Perikard hastalıkları, kanser tedavisi sırasında izlenebileceği gibi kanserin kendisine bağlı olarak da görülebilmektedir. Akciğer kanseri, meme kanseri, lenfoma, malign melanom ve lösemilerin birçoğunda perikardit, perikardiyal efüzyon ve buna bağlı olarak tamponad bulguları izlenebilmektedir. Ancak kanser hastalarının yaklaşık üçte ikisinde perikardiyal hastalıkların görülme nedeni malignite dışı nedenlere (radyoterapi, kemoterapi ve fırsatçı enfeksiyonlar vb.) bağlı olarak izlenmektedir. ^(1,2,3)

1.1. Perikardit

Perikarditler, perikardiyal hastalıkların en sık görülen formudur. Özellikle genç ve orta yaş erişkinlerde sıklıkla görülmekte ve acil serviste izlenen non-iskemik göğüs ağrısı nedenlerinin yaklaşık %5'ini oluşturmaktadır. Elektrokardiyografide (EKG) yaygın ST elevasyonu ve PR segmentinde depresyon izlenebilir. Kardiyak enzimler normal olmakla beraber eşlik eden miyokardit varlığında artış gözlemlenebilir. ^(4,5)

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larının otonomik fonksiyonu artırarak, semptomları azalttığı gösterilmiştir. ⁽⁶²⁾ Yine otonomik disfonksiyonun ciddi semptomatik olduğu seçilmiş vakalarda vagal sinir stimülasyonu ve karotis baroreseptör stimülasyonu gibi girişimsel işlemler de tedavide kullanılmaktadır. ⁽⁶³⁾

KAYNAKLAR

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