28. Bölüm

RADYASYON İLİŞKİLİ AKCİĞER HASARI

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GİRİŞ

Akciğer, meme ve özefagus kanseri, kanserle ilişkili mortalitenin yüksek olduğu yaygın torasik malignitelerdir.[1] Günümüzde geleneksel kemoterapi, radyoterapi uygulamaları, pozitron emisyon tomografisi (PET) görüntüleme, immünoterapi, moleküler hedefli terapi gibi çeşitli tanısal ve terapötik birçok uygulama sağkalımı, lokal ve uzak metastazın kontrolünü ve yaşam kalitesini iyileştirme konusunda başarılı olmuşlardır. Özellikle meme, akciğer kanseri ve diğer torasik malignitelerin tedavisi için uygulanan radyoterapilerden sonra radyasyona bağlı akciğer hastalığı oluşabilir. Torasik radyoterapi (RT) alan kanserli hastaların birçoğunda klinik veya radyolojik yansıması olmasa da radyasyon hasarı gelişmektedir. Semptomatik radyasyon pnömonitisi (RP) insidansının %15-40 aralığında olduğu tahmin edilmektedir.[2] RP ile ilişkili mortalite ise çok daha az olup % 2'den az olduğu tahmin edilmektedir.[3] Bu toksisite nedeni ile konvansiyonel radyoterapide radyasyon dozu sınırlayıcı faktör olmaktadır. Yoğunluk ayarlı radyoterapi (IMRT), volumetrik modül ark tedavisi (VMAT) ve proton tedavisi gibi yeni radyoterapi tekniklerinin geliştirilmesi ile sağlam akciğer dokusunun radyasyona maruziyetinin önemli ölçüde azaltıldığı ve bu sayede radyasyon ilişkili pnömoni-

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