



## TORASİK ACİLLERDE ONKOLOJİK YAKLAŞIM

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### Superior Vena Cava Sendromu

#### Giriş

Superior vena cava sendromu (SVCS), superior vena cava (SVC) kan akışının, obstrüksiyonunun klinik ifadesidir. Bu ince duvarlı damar, süperior mediastendeki süreçler tarafından sıkıştırıldığında, invaze veya tromboze olduğunda karakteristik semptomlar ve belirtiler hızla veya kademeli olarak gelişebilir. Yüz ödemi, göğüs duvarı ve boyun venlerinin genişlemesi, hafif ile orta derecede solunum sıkıntısı ve daha az yaygın olarak konjonktival ödem, baş ağrısı, görme bozuklukları gibi merkezi sinir sistemi şikayetleri gibi karakteristik özelliklere sahip bir sendromdur (1,2).

SVC obstrüksiyonu ilk olarak, William Hunter tarafından sifilitik aort anevrizması olan bir hastada 1757'de tanımlanmıştır (3). Bundan sonra yaklaşık iki yüzyıl boyunca, sifilitik aortit ve tüberküloza bağlı kronik mediastinit gibi malign olmayan süreçler, SVC obstrüksiyonunun başlıca etiyolojisini oluşturmaktaydı. Ancak post-antibiyotik çağda ise malignite önde gelen neden olmuştur. Günümüzde de malignite, SVCS'li hastalarda en yaygın altta yatan nedendir (4). Kateter ve kalp pili gibi intravasküler cihazların kullanımının artmasıyla, SVC'nin trombozunun neden olduğu SVCS'de daha sık gözlenmiştir (5).

#### Anatomi ve Patofizyoloji

SVC, boyun, üst ekstremiteler ve üst toraks venöz drenajını sağlayan başlıca büyük, düşük basınçlı bir vendir. Sağ superior mediastende bulunur ve sternum,

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