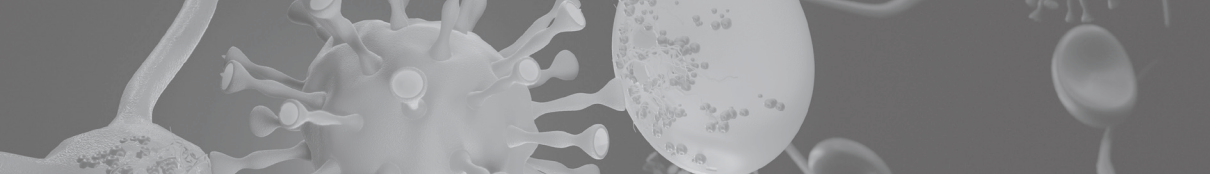

14. Bölüm

TORASİK MALİGNİTELİ OLGULARDA COVID-19 PNÖMONİSİ VE RADYOLOJİK AYIRICI TANI

Yıldız KILAR SÖZEL[1]

GİRİŞ

Aralık 2019'da Çin'de kökeni bilinmeyen çok sayıda atipik pnömoni vakası tespit edildi. Aynı zamanda Wuhan'da açıklanan bu vakaların etyolojik etkeni olarak yeni bir koronavirüs alt tipi keşfedildi. Şiddetli akut solunum sendromu koronavirüs 2 (SARS–COV-2) olarak adlandırılan bu yeni mikroorganizma, muazzam bir virülansa ve yüksek insandan insana bulaşma kapasitesine sahipti. (1,2) SARS–CoV-2, yüksek virülansı sayesinde dünya çapında yayılmayı başardı ve içinde bulunduğumuz benzeri görülmemiş salgını yarattı. Salgın hastaların yanında mücadele eden sağlık çalışanlarını da olumsuz etkiledi.(3) Yeni koronavirüs insandan insana bulaşma kapasitesi yüksek olmasına rağmen, daha önce izole edilmiş diğer koronavirüslerden daha düşük bir ölüm oranına sahipti.(4) Bununla birlikte, virüs ciddi bilateral pnömonilere neden oldu ve yaygın inflamatuar yanıtlar geliştirme yeteneğine sahipti.(5)

Kanser hastaları COVID-19 enfeksiyonu açısından yüksek risk altındadır. Bu hastalar Onkoloji bölümlerinde takiplerini sürdürmek,onkolojik patolojilerinden kaynaklanan komplikasyonları önlemek için teşhis ve tedavilerini almaya devam etmelidirler.(6) Bazı raporlarda, kanser hastalarında ve sadece akciğer kanseri tanısı olan hastalarda ziyaretlerin ve tedavilerin planlanmasında risk-fayda değerlendirilmesi, mümkün olduğunca az ziyaret yapmaya çalışılması önerilmiştir.(7,8) Yu J. tarafından Çin'de yapılan bir çalışmada, küçük hücreli

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debilmekte, akciğer kanserine yönelik tanı ve tedavi sürecinde aksamaya neden olabilmektedir.

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