

Bölüm 42

CİLT TOKSİSİTESİ VE YÖNETİMİ

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GİRİŞ

Vücudu otoimmuniteden korumak ve enflamatuvar yanıtın gereksiz yere uzamasını önlemek için mevcut olan immun kontrol noktaları T lenfositler üzerinde negatif düzenleyici olarak görev yapmaktadırlar. Kanser tedavisinde immun kontrol noktası inhibitörleri olarak bilinen monoklonal antikorların etki mekanizması; immunomodulatuar yollardaki sitotoksik T lenfosit ilişkili antijen 4 (CTLA-4), programlanmış hücre ölüm 1 (PD-1) ve programlanmış ölüm ligand 1 (PD-L1) gibi inhibitör reseptörleri bloke ederek sitotoksik T hücrelerinin indirekt aktivasyonuna neden olmaktadır (1,2). Bu ilaçlar aynı zamanda tümör hücreleri üzerinde bulunan T hücre fonksiyonlarının negatif düzenleyicilerini de bloke ederek antitümör immuniteyi güçlendirir (3). Bu ilaçlar metastatik melanom başta olmak üzere küçük hücreli olmayan akciğer kanseri, baş boyun karsinomları, hepatoselüler karsinom, non hodgkin lenfoma ve renal hücreli karsinomların tedavisinde kullanılmaktadırlar (3,4).

Son yıllarda immun kontrol noktası inhibitörlerinin giderek artan kullanımı tedavide dikkate değer fayda sağlamakla birlikte özel etki mekanizmalarından dolayı immun aracılı yan etkiler denilen ve sitotoksik CD4/CD8 T hücre aktivasyonunun tetiklenmesiyle ortaya çıkan özel bir yan etki profiline de yol açmaktadır (2,5,6,7). Şiddetli immun aracılı toksisite gelişiminde hastanın kendisinde veya ailesinde otoimmun hastalık öyküsü olması veya beraberinde otoimmun toksisitesi olan başka ilaç kullanımı riski artırmaktadır (8).

İmmun kontrol noktası inhibitörlerinin en sık görülen yan etkileri arasında nadiren doz azaltımı ve hatta tedavinin kesilmesine yol açabilecek şiddette olan kutanöz reaksiyonlar bulunmaktadır (9). Deri yan etkileri genellikle tedavinin

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Kanser tedavisinde immün kontrol noktası inhibitörlerinin kullanımı hızla artmaktadır. Kutanoz toksisite immün kontrol noktası inhibitörleri ile ilişkili en sık görülen immün aracılı yan etkiler arasındadır. Çoğu reaksiyon hafif olmakla birlikte, şiddetli ve hayatı tehdit eden yan etkiler de bildirilmiştir. Bu yan etkilerin erken tanınması ve uygun tedavisi toksisitenin şiddetini ve süresini sınırlayarak kanser tedavinin kesilmesini azaltabilir veya önleyebilir. Kutanoz immün aracılı yan etkilerin geç başlangıçlı da olabileceği ve tedavi sona ermiş olsa dahi ortaya çıkan cilt lezyonlarının dikkatle değerlendirilmesi gerektiği akılda bulundurulmalıdır (5,7,8,12).

Anahtar Kelimeler: immünoterapi, deri, kanser, toksisite

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