

Onkolojik Aciller

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ÖNEMLİ NOKTALAR

- 1 Onkolojik aciller; yoğun bakıma yatışı gerekli kılan Vena Kava Süperior Sendromunu (SVCS), kardiak tamponadı, malign spinal kord kompresyonunu, hiperglisemiyi, tümör lizis sendromunu (TLS) ve lökostazisi içermektedir.
- 2 SVCS, primer olarak akciğer kanseri ve lösemi nedenli oluşur. Ani ölüm sadece havayolu tıkanması veya serebral ödem olduğu zaman gözlenir. Tedavi ve takipte amaç, SVC'de akımın açılmasını sağlamak ve havayolunu açık tutmaya yöneliktir.
- 3 Malignansilerden oluşan perikardial efüzyon yavaş birikir ve geniş-yaygın efüzyona neden olabilir. Akciğer kanseri, meme kanseri, melanom ve lenfoma perikardial tamponadla ilişkili en sık gözlenen malignitelerdir. Acil drenaj ve perikardial pencere, perikardial tamponad için tedavi seçenekleridir.
- 4 Fiziki muayene, manyetik rezonans ve anjiyografi ile malign spinal kord kompresyonunun erken tanısı, nörolojik fonksiyonlarının restorasyonu için hayati önem taşımaktadır.
- 5 Malignite ilişkili hiperglisemi hastaların %20 ile % 30'unda meydana gelir ve meme ve akciğer kanseri gibi solid tümörlerde daha fazladır. İzotonik salin ile volüm replasmanı başlangıç tedavi seçeneğidir. Bifosfonatlar, kalsitonin ve kortikosteroidler ayrıca faydalı tedavilerdir.
- 6 TLS, malign hücrelerin parçalanmasından kaynaklanan elektrolit ve metabolik bozukluğu ile karakterizedir. TLS, spontan veya kemoterapi, radyasyon ve kortikosteroid tedavilerinden sonrada oluşabilir. Agresif hidrasyon ve elektrolit anormalliklerinin düzeltilmesi (hiperkalsemi, hiperfosfatemi, hipokalsemi ve hiperürisemi) tedavinin anahtarlarındandır.
- 7 Hiperlökositoz (Beyaz küre >50,000-100,000 /mm³), akut myelositik lösemili hastalarda sıktır. Dispne, hemoptizi, respiratuar distres, hipoksemi gibi respiratuar semptomlarına ek olarak baş dönmesi, baş ağrısı, bulanık görme, konfüzyon ve inme veya intrakranial hemoraji gibi nörolojik semptomları da içermektedir. Tedavi lökoferez, hidroksiüre ve kemoterapidir.

REFERANSLAR

1. Wilson LD, Deterbeck FC, Yahalom J. Clinical practice. Superior vena cava syndrome with malignant causes. *N Engl J Med*. 2007;356(18):1862-1869.
2. Lepper PM, Ott SR, Hoppe H, et al. Superior vena cava syndrome in thoracic malignancies. *Respir Care*. 2011;56(5):653-666.
3. Wan JF, Bezjak A. Superior vena cava syndrome. *Hematol Oncol Clin North Am*. 2010;24(3):501-513.
4. Schraufnagel DE, Hill R, Leech JA, Pare JA. Superior vena caval obstruction. Is it a medical emergency? *Am J Med*. 1981;70(6):1169-1174.
5. Rowell NP, Gleeson FV. Steroids, radiotherapy, chemotherapy and stents for superior vena caval obstruction in carcinoma of the bronchus. *Cochrane Database Syst Rev*. 2001;4:CD001316.
6. Nguyen NP, Borok TL, Welsh J, Vinh-Hung V. Safety and effectiveness of vascular endoprosthesis for malignant superior vena cava syndrome. *Thorax*. 2009;64(2):174-178.
7. Otten TR, Stein PD, Patel KC, Mustafa S, Silbergleit A. Thromboembolic disease involving the superior vena cava and brachiocephalic veins. *Chest*. 2003;123(3):809-812.
8. Burazor I, Imazio M, Markel G, Adler Y. Malignant pericardial effusion. *Cardiology*. 2013;124(4):224-232.
9. Dequanter D, Lothaire P, Berghmans T, Sculier JP. Severe pericardial effusion in patients with concurrent malignancy: a retrospective analysis of prognostic factors influencing survival. *Ann Surg Oncol*. 2008;15(11):3268-3271.
10. Wagner PL, McAleer E, Stillwell E, et al. Pericardial effusions in the cancer population: prognostic factors after pericardial window and the impact of paradoxical hemodynamic instability. *J Thorac Cardiovasc Surg*. 2011;141(1):34-38.
11. Jacob S, Sebastian JC, Cherian PK, Abraham A, John SK. Pericardial effusion impending tamponade: a look beyond Beck's triad. *Am J Emerg Med*. 2009;27(2):216-219.
12. Eisenberg MJ, de Romeral LM, Heidenreich PA, Schiller NB, Evans GT, Jr. The diagnosis of pericardial effusion and cardiac tamponade by 12-lead ECG. A technology assessment. *Chest*. 1996;110(2):318-324.
13. Spodick DH. Acute cardiac tamponade. *N Engl J Med*. 2003;349(7):684-690.
14. Kim SH, Kwak MH, Park S, et al. Clinical characteristics of malignant pericardial effusion associated with recurrence and survival. *Cancer Res Treat*. 2010;42(4):210-216.
15. McDonald JM, Meyers BF, Guthrie TJ, Battafarano RJ, Cooper JD, Patterson GA. Comparison of open subxiphoid pericardial drainage with percutaneous catheter drainage for symptomatic pericardial effusion. *Ann Thorac Surg*. 2003;76(3):811-815; discussion 816.
16. Klimo P, Jr, Thompson CJ, Kestle JR, Schmidt MH. A meta-analysis of surgery versus conventional radiotherapy for the treatment of metastatic spinal epidural disease. *Neuro Oncol*. 2005;7(1):64-76.
17. Cole JS, Patchell RA. Metastatic epidural spinal cord compression. *Lancet Neurol*. 2008;7(5):459-466.
18. Sun H, Nemecek AN. Optimal management of malignant epidural spinal cord compression. *Hematol Oncol Clin North Am*. 2010;24(3):537-551.
19. Eleraky M, Papanastassiou I, Vrionis FD. Management of metastatic spine disease. *Curr Opin Support Palliat Care*. 2010;4(3):182-188.
20. Helweg-Larsen S, Sorensen PS. Symptoms and signs in metastatic spinal cord compression: a study of progression from first symptom until diagnosis in 153 patients. *Eur J Cancer*. 1994;30A(3):396-398.
21. Sciubba DM, Gokaslan ZL. Diagnosis and management of metastatic spine disease. *Surg Oncol*. 2006;15(3):141-151.
22. Vecht CJ, Haaxma-Reiche H, van Putten WL, de Visser M, Vries EP, Twijnstra A. Initial bolus of conventional versus high-dose dexamethasone in metastatic spinal cord compression. *Neurology*. 1989;39(9):1255-1257.
23. Body JJ. Hypercalcemia of malignancy. *Semin Nephrol*. 2004;24(1):48-54.
24. Stewart AF. Clinical practice. Hypercalcemia associated with cancer. *N Engl J Med*. 2005;352(4):373-379.
25. Maier JD, Levine SN. Hypercalcemia in the intensive care unit: a review of pathophysiology, diagnosis, and modern therapy. *J Intensive Care Med*. 2013;30(5):235-252.
26. Sargent JT, Smith OP. Haematological emergencies managing hypercalcaemia in adults and children with haematological disorders. *Br J Haematol*. 2010;149(4):465-477.
27. Seymour JF, Gagel RF. Calcitriol: the major humoral mediator of hypercalcemia in Hodgkin's disease and non-Hodgkin's lymphomas. *Blood*. 1993;82(5):1383-1394.
28. Ralston SH, Gallacher SJ, Patel U, Campbell J, Boyle IT. Cancer-associated hypercalcemia: morbidity and mortality. Clinical experience in 126 treated patients. *Ann Intern Med*. 1990;112(7):499-504.

29. LeGrand SB, Leskuski D, Zama I. Narrative review: furosemide for hypercalcemia: an unproven yet common practice. *Ann Intern Med.* 2008;149(4):259-263.
30. Major P, Lortholary A, Hon J, et al. Zoledronic acid is superior to pamidronate in the treatment of hypercalcemia of malignancy: a pooled analysis of two randomized, controlled clinical trials. *J Clin Oncol.* 2001;19(2):558-567.
31. Coiffier B, Altman A, Pui CH, Younes A, Cairo MS. Guidelines for the management of pediatric and adult tumor lysis syndrome: an evidence-based review. *J Clin Oncol.* 2008;26(16):2767-2778.
32. Mughal TI, Ejaz AA, Foringer JR, Coiffier B. An integrated clinical approach for the identification, prevention, and treatment of tumor lysis syndrome. *Cancer Treat Rev.* 2010;36(2):164-176.
33. Cairo MS, Coiffier B, Reiter A, Younes A. Recommendations for the evaluation of risk and prophylaxis of tumour lysis syndrome (TLS) in adults and children with malignant diseases: an expert TLS panel consensus. *Br J Haematol.* 2010;149(4):578-586.
34. Pession A, Masetti R, Gaidano G, et al. Risk evaluation, prophylaxis, and treatment of tumor lysis syndrome: consensus of an Italian expert panel. *Adv Ther.* 2011;28(8):684-697.
35. Cairo MS, Bishop M. Tumour lysis syndrome: new therapeutic strategies and classification. *Br J Haematol.* 2004;127(1):3-11.
36. Jeha S, Kantarjian H, Irwin D, et al. Efficacy and safety of rasburicase, a recombinant urate oxidase (Elitek), in the management of malignancy-associated hyperuricemia in pediatric and adult patients: final results of a multicenter compassionate use trial. *Leukemia.* 2005;19(1):34-38.
37. Novotny JR, Muller-Beissenhertz H, Herget-Rosenthal S, Kribben A, Duhrsen U. Grading of symptoms in hyperleukocytic leukaemia: a clinical model for the role of different blast types and promyelocytes in the development of leukostasis syndrome. *Eur J Haematol.* 2005;74(6):501-510.
38. Piccirillo N, Laurenti L, Chiusolo P, et al. Reliability of leukostasis grading score to identify patients with high-risk hyperleukocytosis. *Am J Hematol.* 2009;84(6):381-382.
39. Blum W, Porcu P. Therapeutic apheresis in hyperleukocytosis and hyperviscosity syndrome. *Semin Thromb Hemost.* 2007;33(4):350-354.
40. Porcu P, Cripe LD, Ng EW, et al. Hyperleukocytic leukemias and leukostasis: a review of pathophysiology, clinical presentation and management. *Leuk Lymphoma.* 2000;39(1-2):1-18.
41. Ganzel C, Becker J, Mintz PD, Lazarus HM, Rowe JM. Hyperleukocytosis, leukostasis and leukapheresis: practice management. *Blood Rev.* 2012;26(3):117-122.
42. Chang MC, Chen TY, Tang JL, et al. Leukapheresis and cranial irradiation in patients with hyperleukocytic acute myeloid leukemia: no impact on early mortality and intracranial hemorrhage. *Am J Hematol.* 2007;82(11):976-980.