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Specifičnosti zdravstvene nege pacijenta sa metastatskim tumorima sa nepoznatim primarnim ishodištem

Specifics of nursing care of patients with metastatic tumors with an unknown primary origin

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Apstrakt

Tumori nepoznatog primarnog ishodišta se definišu kao neoplazme kojima se primarno mesto ne može odrediti u trenutku dijagnoze pri punoj evaluaciji, a proces se nalazi u metastatskoj fazi. Oni čine 3–5% svih. Primarni tumor raste ili veoma sporo, ali pokazuje visok metastaski potencijal ili se dešava involucija primarnog ishodišta, a ostaju samo metastaze. Do danas nema konsenzusa, među naučnim krugovima, da li su tumori primarnog nepoznatog ishodišta samo metastatski tumori ili imaju specifičan genetski ekspresioni profil koji ih određujea kao tumore koji imaju potpuno drugačiji biološki i klinički tok bez obzira na primarno ishodište. Klinički podaci svedoče da ovi tumori najčešće imaju primarno ishodište iz pluća ili iz pankreasa, ali i sve druge lokalizacije dolaze u obzir. U histološkom pogledu u ove tumore spadaju: karcinom skvamoznih ćelija (planocelularni), adenokarcinomi raznog stepena diferentovanosti, melanomi i ređe histološke forme kao što su anaplastični karcinomi i niskodiferentovani tumori koji se histogenetski ne mogu odrediti. Među tumorima nepoznatog primarnog ishodišta u izvesnom procentu se mogu naći tumori germinativnog epitela tetstisa ili ovarijuma kao ekstragonadalni oblici ovih neoplazmi.

Prognoza ovih tumora je veoma loša sa kratkom medijanom preživljavanja uprkos intenzivnom tretmanu. Najbolje terapijske odgovore su dali platinski preparati u kombinaciji sa taksanima, gde se ukupni terapijski odogovor kretao od 12–26% uz medijanu preživljavanja od 5–7 meseci. Dodavanje trećeg agensa je bez koristi. Monoterapija gemcitabinom ili ciljanim agensima bevacizumab ili erlotinib pokazuju blago ohrabrujuće rezultate.

Nega ovih bolesnika je kompleksna i u stanjima uznapredovale ili terminalne bolesti simptomatska i palijativna u smislu maksimalne podržavajuće nege predstavlja okosnicu sestrinskog dela intervencija kod ovih bolesnika.

Abstract

Tumors of unknown primary origin are defined as neoplasms whose primary site cannot be determined at the moment of diagnosis discovery at full evaluation, and the process is in the metastatic phase. They make up 3-5% of all. The primary tumor grows either very slowly, but shows a high metastatic potential or an involution of the primary origin occurs, leaving only metastases. It has not been established among scientific circles whether tumors of primary unknown origin are only metastatic tumors or have a specific genetic expression profile that defines them as tumors that have a completely different biological and clinical course regardless of the primary origin. Clinical data show that these tumors usually have a primary origin from the lungs or pancreas, but all other localizations are also possible. Histologically, these tumors include: squamous cell carcinoma (squamous cell carcinoma), adenocarcinomas of various degrees of differentiation, melanomas and, less frequently, histological forms such as anaplastic carcinomas and low-differentiated tumors that cannot be determined histogenetically. Among the tumors of unknown primary origin, tumors of the germinative epithelium of the testis or ovary can be found in a certain percentage as extragonadal forms of these neoplasms.

The prognosis of these tumors is very poor with a short median survival despite intensive treatment. The best therapeutic responses were given by platinum preparations in combination with taxanes, where the total therapeutic response ranged from 12–26% with a median survival of 5–7 months. The addition of a third agent is useless. Gemcitabine monotherapy or targeted agents bevacizumab or erlotinib show slightly encouraging results.

The care of these patients is complex and in the conditions of advanced or terminal disease symptomatic and palliative in terms of maximum supportive care is the backbone of the nursing part of the intervention in these patients.