



Zadaci medicinske sestre kod biopsije sentinel limfnog čvora karcinoma dojke

Tasks of the Nurse in Sentinel Lymph Node Biopsy of Breast Cancer

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Apstrakt

Karcinom je bolest današnjice i nalazi se u samom vrhu uzroka morbiditeta i mortaliteta kod žena. Iako se o ovoj bolesti dosta priča, prevencija ove bolesti nije na zavidnom nivou. Preventivni skrining programi treba da budu dostupni svima. Zato što je karcinom dojke izuzetno rasprostranjen, njegova prevencija i rano dijagnostikovanje, pravovremeno i adekvatno lečenje zahtevaju veliku pažnju.

Sentinel nodus ili limfni čvor stražar prvi je drenažni nodus na putu limfatičke drenaže od mesta malignog tumora. Samim tim, ovaj nodus će biti prvi zahvaćen malignim metastatskim procesom kod tumora koji se šire limfatičkim putem. Biopsija sentinel nodusa omogućava uvid u stadijum zahvaćenosti karcinoma, odnosno, da li je došlo do prvog metastatskog širenja, pa samim tim ona omogućava i terapijski pristup hirurga regionalnom limfnom području.

Biopsija sentinel nodusa prvi put je opisana kod karcinoma penisa 1977. godine, kasnije je formalizovana kod melanoma 1992. godine, i karcinoma dojke 1994. godine. Poslednjih nekoliko godina biopsija sentinel nodusa uvedena je kao alternativa disekciji aksile kod karcinoma dojke, što ukazuje na njen značaj, ne samo kada je u pitanju stadiranje bolesti, već i kod adekvatnog terapijskog pristupa.

Praktična iskustva onkoloških sestara ukazuju na sve veći značaj biopsije sentinel limfnog čvora kod karcinoma dojke. Aktivnosti medicinskih sestara povećavaju uspešnost biopsije sentinel limfnog čvora kod karcinoma dojke.

Abstract

Cancer is a modern disease and is at the very top of the cause of morbidity and mortality in women. Although there is a lot of discussion about this disease, the prevention of this disease is not at a high level. Preventive screening programs should be available to everyone. Because breast cancer is extremely widespread, its prevention and early diagnosis, and timely and adequate treatment require great attention.

The sentinel node or sentinel lymph node is the first drainage node on the way of lymphatic drainage from the site of a malignant tumor. Therefore, this node will be the first to be affected by the malignant metastatic process in tumors that spread through the lymphatic system. Sentinel node biopsy provides insight into the stage of cancer involvement, i.e., whether the first metastatic spread has occurred, and therefore it also enables the surgeon's therapeutic approach to the regional lymphatic area.

Sentinel node biopsy was first described in penile cancer in 1977, later formalized in melanoma in 1992, and breast cancer in 1994. In the last few years, sentinel node biopsy has been introduced as an alternative to axillary dissection in breast cancer, which indicates its importance, not only when it comes to staging the disease, but also when it comes to an adequate therapeutic approach.

Practical experiences of oncology nurses indicate the increasing importance of sentinel lymph node biopsy in breast cancer. Nurses' activities increase the success rate of sentinel lymph node biopsy in breast cancer.

