



Multidisciplinarni pristup u lečenju karcinoma dojke

A Multidisciplinary Approach to the Treatment of Breast Cancer

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Apstrakt

Uvod: Karcinom dojke čini oko $\frac{1}{4}$ od svih maligniteta kod žena. Rizik za nastajanje karcinoma dojke je 12,5% (1 od 8 žena). Mortalitet u Srbiji iznosi oko 20/100000, dok je stopa incidenca 61,4/100000. Učestalost bolesti na globalnom nivou raste poslednjih 30 godina za 3,1% godišnje. U razvijenim zemljama 60% karcinoma dojke se otkrije u stadijumu lokalizovane bolesti, samo 10% u odmaklom stadijumu. Rekonstrukcija dojke ne utiče na ponovnu pojavu tumora niti na tok ili prognozu bolesti. Rekonstrukcija dojke ima snažan uticaj na kvalitet života kroz pozitivan psihološki efekat.

Cilj: Ispitati kvalitet života nakon postavljanja dijagnoze, analizom psihičkog i fizičkog stanja, kao i socijalne ospozobljenosti.

Metodologija rada: Rad je urađen po formi prikaza slučajeva, analizom naučnih i stručnih radova, kao i korišćenjem ličnog iskustva u praksi. Podaci su uzeti iz istorija bolesti, protokola i anamneze.

Zaključak: Trijaža i postavljanje što ranije dijagnoze, praćenje suspektnih promena, što veći procenat preoperativnih dijagnoza, adekvatno hirurško lečenje, praćenje i obrada operisanih bolesnica, edukacija šire populacije kroz medije, kao i organizovanje tribina, jasni su pokazatelji poboljšanja kvaliteta života pacijenata sa karcinomom.

Abstract

Introduction: Breast cancer accounts for about $\frac{1}{4}$ of all malignancies in women. The risk of developing breast cancer is 12.5% (1 in 8 women). Mortality in Serbia is about 20/100,000, while the incidence rate is 61.4/100,000. The frequency of the disease at the global level has been increasing for the last 30 years by 3.1% per year. In developed countries, 60% of breast cancer is detected in the stage of localized disease, and only 10% in the advanced stage. Breast reconstruction does not affect the recurrence of the tumor or the course or prognosis of the disease. Breast reconstruction has a strong impact on the quality of life through a positive psychological effect

Aims: To examine the quality of life after the diagnosis, by analyzing the psychological and physical condition, as well as social skills

Methodology of the paper: The paper was written in the form of case reports, analysis of scientific and professional works, as well as personal work experience. Data were taken from medical histories, protocols, and anamnesis.

Conclusion: Triage and diagnosis as early as possible, monitoring of suspicious changes, as high a percentage of preoperative diagnoses as possible, adequate surgical treatment, monitoring and treatment of operated patients, education of the wider population through the media as well as by organizing forums are clear indicators of improving the quality of life of cancer patients.

