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TREATMENT OF LYMPHOMA CANCERS COMPLICATED BY PLEURITIS

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Abstract

This thesis is about half of patients with complex oncological diseases develop pleuritis. This leads to respiratory failure, worsens the patient's condition and prognosis, and significantly reduces the quality of life.

Keywords: treatment, lymphoma cancer, method, diagnosis, pleuritis.

INTRODUCTION

In our study, the most modern methods of diagnosis and treatment of pleurisy in cancer patients were used. In this case, the complication is a sign of the spread of the disease - the malignant tumor has spread to different parts of the body. Therefore, treatment should be comprehensive. The leading doctors of our region are using all available opportunities to improve the patient's condition and maximize his life.

The pleura is one of the serous membranes in the human body. It consists of two sheets. The parietal sheet covers the walls of the chest cavity. The visceral layer covers the lungs. Between these sheets there is a thin space - the pleural space. Usually, there is very little liquid in it - this is a kind of "lubrication" that allows the lungs to move freely against the chest wall during inhalation and exhalation.

MAIN PART

When the leaves of the pleura are inflamed, a plaque forms on them and they begin to rub against each other like sandpaper, which causes pain to the patient (there are many nerve endings in the pleura). This form of pathology is called dry pleurisy. If fluid accumulates between the layers of the pleura, it is exudative or exudative pleurisy. When this fluid appears, the symptoms of dry pleurisy will decrease. But a new threat arises: the fluid that accumulates between the layers of the pleura (in cancer, it is called a malignant pleural effusion) compresses the lungs, preventing them from fully expanding. Because of this, the patient develops respiratory failure.

With pleurisy, fibrosis and sclerosis can develop in the pleural cavity - the growth of fibrous or scar tissue. Because of this, the lungs cannot fully expand. Increased respiratory failure.

Cancer metastases to the pleura cause an increase in capillary permeability - so more fluid is released into the pleural cavity. At the same time, lymph outflow is disturbed. The defeat of the lymph nodes of the mediastinum (located inside the chest, in the middle of the lungs) disrupts the outflow of lymph.

Damage to the thoracic lymphatic system, through which lymph flows into the venous system. At the same time, a terrible complication develops - chylothorax, accumulation of high fat content in the lymph pleural cavity.

Lymphoma cancer is a rare oncopathology, with a prevalence of 3 to 8 cases per 100,000 population in different countries. For all stages, the 5-year survival rate (the percentage of patients who survive 5 years after diagnosis) is 5%.

In oncology, metastatic pleurisy occurs more often in malignant tumors, of which lymphomas make up 26% of patients. The number of patients suffering from this disease is increasing day by day.

Usually, thoracentesis (thoracentesis) is used as a first aid measure for exudative pleurisy in oncology. During this procedure, which can be performed under local anesthesia, a puncture is made in the chest wall and fluid is removed. This helps to quickly expand the lungs and reduce symptoms. However, in oncology, pleurodesis is often only a temporary measure. In the future, the liquid will accumulate again. Therefore, other methods are used later. Repeat pleurodesis is used when the cancer is expected to respond well to chemotherapy, such as in certain lymphomas, or when more aggressive procedures are contraindicated for the patient. However, it should be remembered that repeated thoracocentesis can cause pleural inflammation and effusion, which is difficult to control.

A drainage catheter may be inserted into the pleural space. This is a pipe, the other end of which is located outside and is connected to a special container for the release of liquid.

Pleurodesis helps improve the patient's condition for a long time. During this procedure, a special drug is injected into the pleural cavity, which causes the pleural sheets to stick together and prevents further accumulation of fluid. Such treatment, according to scientific studies, is effective in 70-80% of cases.

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