

DIARRHEA AND CONSTIPATION COMPLICATIONS IN THE CANCER PATIENTS

**1. DIARRHEA CAN BE SERVE AND BE
ASSOCIATED WITH LIFE - THREATENING
DEHYDRATION AND ELECTROLYTE
ABNORMALITIES.**

**2. SEVERE DIARRHEA MALNUTRITION
DECLINING IMMUNE FUNCTION AND PRESSURE
ULCER FORMATION.**

**3. CHEMOTHERAPY SHOULD BE MADE
OXIDANTS DISRUPTION OF THE INTEGRITY OF
THE GUT PERMIT ACCES SEPTIC ORGANISM.**

**4. CHEMOTHERAPY STIMULATE THE
PRODUCTION OF PROINFLAMMATORY
CYTOKINES AND PROSTAGLANDINS.**

5.DAMAGED INTESTINAL MUCOSA AND OTHER CAUSATIVE FACTORS SHOULD BE INCREASED INTESTINAL PERISTALSIS CAUSING DIARRHEA.

6.MINIMUM , MILD, MODERATE, SEVERE DIARRHEA PATHWAY GOING FROM ORDINARY TO COMPLICATED (CRAMPING ,NAUSEA AND VOMITING,SEPSIS, NEUTROPENIA , BLEEDING,DIMINISHED PERFORMANCE STATUS,FEVER ETC.

7.ANTICANCER CYTOTOXIC AGENTS SHOULD BE THE INTESTINAL DAMAGE VILLI WITH A LOSS OF ABSORPTIVE CAPACITY.

8.CAUSES OF CONSTIPATION (LOW FIBER DIET,DEHYDRATION,LACK OF EXERCISE,COLONIC PATHOLOGY,NEUROMUSCULAR DISORDERS,METABOLIC DISORDERS, PSYCHOLOGICAL DISORDERS) ACTIVITY MONO OR COMBINED WILL BE AFFECTED OF CANCER PATIENT.

9.SOME OF THE CANCER PATIENT PALLIATIVE DRUGS SHOULD BE ANTAGONISTIC EFFECT OF VARIOUS COMPLICATIONS AT THE SAME TIME.

10.INTESTINAL OBSTRUCTION SHOULD BE EXTRINSIC OR INTRINSIC COMPRESSION.

11.THE OBSTRUCTION CAN BE PARTIAL OR COMPLETE.

12.CANCER PATIENTS CHEMOTHERAPEUTIC TOXIC AGENTS WILL BE CAUSED ULSERATIVE COLITIS ,TRANSMURAL INFLAMMATION,COLONIC DILATATION,FAILURE OF NORMAL INTESTINAL MOTILITY,IMBALANCE BETWEEN SYMPATHETIC AND PARASYMPATHETIC MOTOR ACTIVITY.

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