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Oncologic Emergencies: A Narrative Review with Clinical Cases and Recommendations

Abstract:

Background: Oncologic emergencies are acute, life-threatening complications in cancer patients, including metabolic, neurologic, infectious, and treatment-related conditions. Their incidence is increasing due to improved cancer survival and aging populations, making timely recognition and intervention critical in all care settings.

Methods: A literature review of clinical guidelines, systematic reviews, and large observational studies from the past decade was conducted. Representative real-world cases were included to illustrate diagnostic complexity and interdisciplinary management strategies.

Results: The most frequent oncologic emergencies include infections, uncontrolled pain, respiratory distress (e.g., superior vena cava syndrome), gastrointestinal obstruction, febrile neutropenia, hypercalcemia, tumor lysis syndrome, and spinal cord compression. Atypical presentations demand vigilance.

Examples:

- A 40-year-old woman had sudden paraplegia, initially suspected as spinal cord compression; later confirmed as Guillain-Barré syndrome.
- An 80-year-old man with hypercalcemia died from overhydration complications.
- A 68-year-old woman with superior vena cava syndrome received emergent stenting and radiotherapy; diagnosis was later confirmed via liquid biopsy. These highlight the need for rapid decision-making and access to advanced diagnostics.

Conclusion: Effective management of oncologic emergencies requires prompt recognition, interdisciplinary coordination, and adaptive strategies to manage atypical cases. Integrating tools like liquid biopsy and improving access to emergent care can enhance outcomes.

Biography

Melinda Hysenaj is a final-year medical student at the University of Prishtina. Passionate about medical education and cancer care, she collaborates with an international research team under the mentorship of Professor Patricia Tai (Canada).