

# The Causation And Clinical Management Of Pelvic Radiation Disease

**Table 1. Adverse Effects of Radiation Therapy, with Risk Factors and Treatment Options**

Adverse effect	Associated cancers	Risk factors	Treatment
<b>Psychological</b> Depression	Breast, lung, pancreatic, oropharyngeal <sup>1</sup> ; brain <sup>4</sup>	Personal or family history of treated depression <sup>5</sup>	Selective serotonin reuptake inhibitors effective for depression but not for fatigue <sup>6,7</sup>
Fatigue	Brain, head and neck, breast, lung, pelvic, lymphatic system <sup>8</sup>	Low Karnofsky performance score, female sex, active cancer <sup>9</sup>	Exercise <sup>10</sup> ; sleep hygiene, stress reduction, cognitive and relaxation therapies <sup>11</sup>
<b>Skin</b> Dermatitis	Head and neck, breast, prostate, perineal	Obesity <sup>12</sup> ; concurrent chemotherapy <sup>13</sup> ; high body mass index <sup>12</sup>	Topical steroids <sup>13,14</sup> ; routine skin care with mild, unscented soap <sup>11</sup>
Radiation recall	—	Chemotherapy agents (e.g., doxorubicin [Adriamycin], fluorouracil, hydroxyurea [Hydrea], methotrexate, paclitaxel [Taxol])	Same as dermatitis
<b>Cardiovascular and pulmonary</b> Cardiovascular disease	Hodgkin lymphoma, breast, lung <sup>15</sup>	Younger age, longer follow-up, increased radiation dose <sup>16</sup>	Awareness, although no definitive guidelines for cardiovascular screening <sup>17</sup>
Pneumonitis	Breast, lung, mediastinal	Increased radiation dose, volume of lung irradiated, concurrent chemotherapy <sup>18</sup> ; comorbid lung disease, poor baseline pulmonary function test, low Karnofsky performance score <sup>19</sup> ; effect of smoking unclear <sup>20</sup>	Steroids <sup>21,21</sup> ; pentoxifylline (Trental) <sup>22</sup>
<b>Gastrointestinal</b> Xerostomia	Head and neck	Concurrent chemotherapy	Saliva stimulants and substitutes; pilocarpine <sup>23</sup> ; amifostine (Ethyol) for prevention and treatment <sup>24</sup>
Mucositis and esophagitis	Head and neck, thoracic	Increased radiation dose, concurrent chemotherapy <sup>25,26</sup>	Viscous lidocaine (Xylocaine), proton pump inhibitors, promotility agents <sup>27</sup> ; bland diet; avoidance of alcohol, coffee, and acidic foods <sup>28</sup>
Enteritis (diarrhea)	Abdominal, pelvic	Increased radiation dose, hypertension, diabetes mellitus, prior abdominal surgery, prior pelvic inflammatory disease <sup>29</sup>	Low-residue diet, stool softeners, loperamide (Imodium) <sup>30</sup> ; small amounts of dairy products <sup>31,32</sup>
Proctitis	Anal, rectal, cervical, uterine, prostate, bladder, testicular	Increased radiation dose, concurrent chemotherapy, inflammatory bowel disease <sup>33</sup>	Oral sulfasalazine (Azulfidine) for prevention <sup>32</sup> ; sucralfate enema for chronic proctitis; hyperbaric oxygen <sup>31</sup>
Emesis	Upper abdominal, craniocervical, pelvic	Prior chemotherapy, fields above 400 cm <sup>2</sup> , radiation of upper abdomen <sup>34</sup> , total body irradiation <sup>35</sup>	5-hydroxytryptamine <sub>3</sub> receptor antagonists and steroids <sup>36,36</sup> ; dopamine antagonists; acupuncture <sup>37</sup>
<b>Genitourinary</b> Cystitis	Prostate, colorectal, bladder, pelvic <sup>38</sup>	Concurrent chemotherapy <sup>36</sup>	Intravenous hydration, <sup>31</sup> uroprotective agents, <sup>38</sup> and hyperbaric oxygen for hemorrhage <sup>39</sup> ; symptomatic care for chronic cystitis <sup>39</sup>
Erectile dysfunction	Prostate, colorectal	Pretreatment erectile dysfunction <sup>40-41</sup> ; concurrent androgen ablation therapy, brachytherapy <sup>42</sup>	Phosphodiesterase type 5 inhibitors (sildenafil [Viagra], tadalafil [Cialis]) <sup>42-44</sup> ; counseling, therapy <sup>45</sup>
Vaginal dryness and stenosis	Cervical, endometrial, vaginal	Age older than 50 years increases risk of stenosis <sup>46</sup>	Lubrication <sup>47</sup> ; vaginal dilation <sup>48</sup> ; counseling, therapy <sup>49</sup>
Infertility and teratogenicity	Cervical, pelvic, testicular	Age older than 40 years, greater dose to ovaries <sup>48</sup>	Egg and sperm preservation; ovarian transposition <sup>48</sup>

Information from references 3 through 48.

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a. Radiation enteropathy or radiation enteritis is a syndrome that may develop following abdominal or pelvic radiation therapy for cancer. Many affected people are cancer survivors who had treatment for cervical cancer or prostate cancer; it has also been termed pelvic radiation disease with radiation proctitis being . "Is "pelvic radiation disease" always the cause of bowel symptoms following.

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