



- Antisécrétoire
 - Le racécadotril – TIORFAN® 100 mg.
 - Le tiorfan n'a que très peu été étudié dans la littérature oncologique. Il semble qu'il soit peu efficace sur la prévention des diarrhées induites par la chimiothérapie (irinotécan) (133). Il s'agit toutefois d'un traitement autant (voire plus) efficace que le lopéramide dans plusieurs essais randomisés. Par ailleurs, il induit moins d'effets indésirables (constipation rebond) et génère moins d'interactions médicamenteuses que le lopéramide (134–136). Par analogie aux autres causes de diarrhées aiguës, il semble que le racécadotril puisse être recommandé en cas d'inefficacité du lopéramide ou en alternative à ce dernier en cas d'intolérance ou de contre-indication.
 - Prescription : prendre une gélule d'emblée, après la première selle diarrhéique, puis une gélule au début des trois principaux repas sans dépasser 7 jours.
 - Analogue de la somatostatine – octreotide 500 µg / 100 µg / 50 µg SC
 - Hors AMM, l'octreotide est utilisé pour la prise en charge des diarrhées aiguës sévères. Cet agent a principalement été étudié dans le contexte des diarrhées induites par les cytotoxiques standard (cisplatine et 5FU essentiellement), avec une très bonne efficacité (137). Les doses utilisées variaient dans les études de 100 µg x 2/j SC à 2000 µg/j SC en passant par des injections de 100-150 µg/h IVSE. Toutefois, la plupart des recommandations suggèrent de débiter le traitement à 100-150 µg x 2/j SC (116,117), et ce uniquement en cas de diarrhées grade 3 ou 4 résistantes aux traitements usuels.
- Les absorbants intestinaux (diosmectite – SMECTA® 3 g)
 - La littérature sur l'utilité du diosmectite en oncologie est à nouveau très pauvre. Toutefois, il s'agit d'un traitement efficace et bien toléré de la diarrhée aiguë, dont l'utilisation peut être considérée en cas d'inefficacité du lopéramide (140).
 - Prescription : prendre 3 à 6 sachets par jour les deux premiers jours puis 3 sachets par jour.

2.3 Traitement symptomatique

Des complications et notamment de la déshydratation et de la dénutrition induite par les diarrhées. Une hospitalisation pour hydratation intraveineuse peut parfois s'avérer nécessaire.

2.4 Traitement étiologique

Il est recommandé de suspendre puis d'adapter les doses de TKI en cas de diarrhées sévères.

- Grade 1 et grade 2 « simple » : pas de modification.
- Grade 2 « prolongé » (persistance des diarrhées au-delà de 48 h, ou non toléré malgré un traitement symptomatique bien conduit) et grade ≥ 3 : suspension du TKI jusqu'à un retour à un grade 0/1 puis reprendre en diminuant la dose de 25 à 30%.

Recommandations

Le lopéramide est le traitement de première intention des diarrhées ; il doit être prescrit de manière concomitante aux TKI pour être débuté dès les premiers symptômes.

En cas de diarrhée de grade 3/4 ou 2 prolongé ou mal toléré, il est nécessaire de suspendre le traitement par TKI et de reprendre à dose réduite lors de la résolution des symptômes (grade 0/1).



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