

2. BÖLÜM

LENFOİD NEOPLAZİLER VE LENFOPROLİFERATİF BOZUKLUKLARDA DÜNYA SAĞLIK ÖRGÜTÜ SINIFLAMASI

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GİRİŞ

Dünya sağlık örgütü (DSÖ) morfoloji, immünhistokimya, genetik ve klinik bulguları 2017 sınıflamasında entegre etmektedir (1). Bu bölümde sınıflamada geçen antitelerde bahsedilen yeniliklerden ve tanıya götürücü önemli özelliklerden bahsedeceğiz.

1-PREKÜRSÖR LEZYONLAR

Öncü/prekürsör lezyon küçük lenfositik lenfoma/kronik lenfositik lösemi (KLL), foliküler lenfoma (FL), mantle hücreli lenfoma (MHL), lenfoplazmatik lenfoma (LPL), plazma hücreli myelom (PHM) ve enteropati ilişkili T hücreli lenfoma (EİTL) antitelerinde bildirilmektedir. DSÖ 2017 sınıflamasında öncü lezyonlarda in situ lenfoma yerine in situ neoplazi tabirini tercih etmektedir (1). Öncü lezyonların temel yenilikleri ve lenfoma ilişkisi tablo 1'de özetlenmektedir.

1a-Monoklonal B Lenfositoz

Lenfadenopati, organomegali ve doku tutulumu yapmayan, başka B hücreli lenfoproliferatif hastalığa bağlanamayan periferik kanda $<5 \times 10^9/L$ monoklonal B hücre proliferasyonu için *monoklonal B lenfositoz (MBL)* tabiri kullanılmaktadır

(1,2). KLL fenotipinde MBL, KLL'nin öncüsü olup in situ neoplazi kabul edilmekte, KLL ile benzer genetik değişiklik ve immünhistokimyasal ekspresyon göstermektedir (1,3). Bu antite dokularda da izlenebilir. Bu durum flow sitometri ile tanınabilir, çünkü lenf nodunda büyüme veya belirgin yapı bozukluğu yapmadan foliküler veya perifoliküler alanı işgal eder (4). Ayrıca MBL kemik iliğini fokal veya yaygın tutabilir, bu sebeple kemik iliği infiltrasyonu KLL tanısı için yeterli değildir (5). KLL fenotipindeki MBL düşük seviye ($<0.5 \times 10^9/L$) ve yüksek seviye ($\geq 0.5 \times 10^9/L$) olarak ikiye ayrılır. KLL'ye ilerleme daha çok yüksek seviyede yılda %1-2 oranında görülür (3).

MBL, KLL fenotipi dışında atipik KLL ve KLL dışı fenotip olarak iki tip daha içermektedir (2). Atipik KLL fenotipindeki MBL tanısı için MHL dışlanmalıdır. KLL dışı fenotipte ise özellikle splenik veya gastrik ektranodal marjinal zon lenfoma (MZL) araştırılmalıdır (6).

1b-İn Situ Foliküler Neoplazi

Yapısal distorsiyon oluşturmadan foliküler hiperplazi yapan, foliküllerde FL benzeri immünhistokimyasal boyanma gösteren ancak FL'ya kıyasla daha parlak CD10 ve Bcl6 eksprese eden, morfolojik olarak foliküllerde belli belirsiz pola-

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