8.
BÖLÜM

SANTRAL SİNİR SİSTEMİNİN PRİMER DİFFÜZ BÜYÜK B HÜCRELİ LENFOMASI

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GİRİŞ

Beyin tümörlerinin yaklaşık %4-7'sini primer santral sinir sistemi lenfomaları oluşturmaktadır (1). Primer santral sinir sistemi lenfomalarının yaklaşık %90-95'i diffüz büyük B hücreli lenfomalardır (DBBHL) (2). Primer santral sinir sistemi diffüz büyük B hücreli lenfoma (PSSS DBBHL) beyin, spinal kord, leptomeninks ya da göz lokalizasyonlarında görülen DBBHL'yi kapsar (3). PSSS DBBHL'nin insidansı 0,47/ 100 000'dir (4). Erkeklerde sıklığı daha fazla olmakla birlikte bağışıklık problemi bulunmayan kişilerde görülme yaşı sıklıkla 60 yaşın üzeridir (5, 6). HIV/AIDS'li hastalarda daha erken yaşlarda tanı konmakta olup bu hastalarda PSSS DBBHL'nin median görülme yaşı 40,7 olarak saptanmıştır (7).

ETİYOLOJİ

Primer santral sinir sistemi diffüz büyük B hücreli lenfoma için en önemli risk faktörü konjenital veya edinsel immün yetmezliktir (5). İmmün yetmezliği bulunmayan popülasyonda etiyoloji henüz tam olarak aydınlatılamamıştır. Yapılan çalışmalarda EBV, HHV6, HHV8, polyomavirus ile ilişki saptanamamıştır (8-11). HIV/AIDS, iatrojenik immünsüpresyon ve konjenital immün yetmezlik sendromlarında primer santral sinir sistemi lenfomalarının görülme riski yaklaşık %4'tür (5).

LOKALİZASYON

Primer santral sinir sistemi diffüz büyük B hücreli lenfoma beyin, spinal kord, leptomeninks ve gözde yerleşim gösteren DBBHL'leri içermektedir (12). Tümörlerin yaklaşık %60'ı supratentoriyal yerleşimlidir (13). Vakaların %30-40'ı multipl odaklar halinde izlenir (14).

Primer intraoküler DBHHL'ler sıklıkla vitreus sıvısı ve retinada yerleşim gösterir (15). Hastaların yaklaşık % 20'si intraoküler lezyonlar ile başvurur; intraoküler DBBHL'li olgularda %90'a ulaşan oranda kontralateral tümör varlığı ve kranial sinir sisteminin parankimal tutulumu görülür (3).

PSSS DBBHL'lerde %5 oranında leptomeninks tutulumu görülürken merkezi sinir sisteminin sekonder lenfomaları sıklıkla dura ve leptomeninkse uzanım göstermekte; intraoküler tutulumlarda koroid yerleşimi beklenmektedir (13, 16).

Primer beyin lenfomalarında nüksler %90-95 oranında beyin ile sınırlıdır. Tümörün sistemik yayılımı nadiren görülebilmektedir (3, 17-20).

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lenfoma, NOS'tan ayırmak gerekir (33, 72). Yüksek dereceli B hücreli lenfoma, NOS, morfolojik, immünofenotipik ve genetik özellikleri DBBHL ve Burkitt lenfomaya benzeyen heterojen bir matür B hücre lenfoması grubudur (3). MYC gen rearranjmanları görülebilse de hem MYC ve BCL2 ve / veya BCL6 rearranjmanları negatiftir (3). Neoplastik hücreler blastoid morfolojili ve büyük olarak izlenir (3). Morfolojik olarak tingible body makrofajlar, dağınık mitotik figürler ve apoptotik kalıntılar içeren monomorfik hücre tabakaları görülebilse de Burkitt lenfoma ile uyumsuz olan immünohistokimya ve moleküler genetik bulgular gösterirler (3). Blastoid morfolojili olgularda ayrıca B-lenfoblastik lenfoma / lösemi (TdT ve / veya CD34 pozitif) ve mantle hücreli lenfomanın blastoid varyantı (Bcl-1 / siklin D1 pozitif ve / veya SOX11) da ekarte edilmelidir (12).

Glioblastomlarda görülen coğrafik nekrozlar PSSS DBBHL'lerde görülebilir. Ancak PSSS DBBHL'lerde mikrovasküler proliferasyon ve psödopalizatlaşma görülmez. Tümör hücreleri sitolojik olarak sıklıkla glioblastom hücrelerinden daha büyük ve daha yuvarlaktır, pleomorfizm daha azdır (48).

İntravasküler büyük B hücreli lenfomada, küçük kan damarları (özellikle kapiller) lümeninde izlenen neoplastik hücreler görülür. Damar dışında infiltrasyon nadirdir (48).

ALK+ anaplastik büyük hücreli lenfoma klinik olarak enfeksiyöz hastalıkları taklit eder. Beyin parankiminin yanı sıra %75 olguda leptomeninks ve dura tutulumu gösterir. Hallmark hücreleri izlenir. İmmünhistokimyasal olarak T antijenleri ve CD30, ALK pozitifliği beklenir (48).

HIV enfeksiyonu ilişkili DBBHL'li olgularda CD4+ T hücre oranı çok düşük izlenir. Sıklıkla immünoblastik morfoloji hakimdir. EBV olguların tamama yakınında pozitiftir (48).

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