

# 11.

## BÖLÜM

# YÜKSEK DERECELİ B HÜCRELİ (YDBH) MYC VE BCL-2 VE/VEYA BCL-6 REARANJMANI İÇEREN LENFOMA

Gökçe AŞKAN<sup>1</sup>

Double hit ya da triple hit lenfoma olarak da bilinen yüksek dereceli B hücreli (YDBH) MYC ve BCL-2 ve/veya BCL-6 rearanjmanı içeren lenfoma terminolojisi WHO 2016` da ayrı bir lenfoma alt tipi olarak tanımlanmıştır (1). MYC rearanjmanı kromozom 8q24 te, BCL-2 rearanjmanı kromozom 18q21 de ve BCL-6 rearanjmanı ise kromozom 3q27 de görülmektedir. MYC rearanjmanına BCL-2 veya BCL-6 rearanjmanının eşlik ettiği olgular double hit lenfoma, eş zamanlı BCL-2 ve BCL-6 rearanjmanının eşlik ettiği olgular ise triple hit lenfoma olarak adlandırılır (1). MYC rearanjmanı Burkitt lenfoma (BL) ve diffüz büyük B hücreli lenfoma (DBBHL) başta olmak üzere birçok B hücreli lenfomada saptanmaktadır (2-5). Daha önceden double hit sınıflandırılmayan ve morfolojik olarak DBBHL ile BL arasında özellik gösteren B hücreli lenfomalar da bu kategoriye dahil edilmiştir.

Yüksek dereceli B hücreli MYC ve BCL-2 ve/veya BCL-6 rearanjmanı içeren lenfomalar sıklıkla 60-70 yaş arasında izlenirken, erkek ve kadınlarda eşit sıklıkta görülür. Bununla birlikte bazı çalışmalarda özellikle triple hit lenfomaların erkeklerde daha fazla görüldüğü saptanmıştır (6-10).

Bu alt tipin foliküler lenfoma ve diğer düşük dereceli lenfomalardan transforme olduğu kabul edilmektedir (1, 11). Özellikle ``foliküler lenfoma MYC ve BCL-2 rearanjmanı içeren`` tanısı alan olgularda MYC rearanjmanının sekonder geliştiği, olguların bir kısmında da MYC ve BCL-2 rearanjmanının ilk tanı alan lenfomanın transformasyonu sonrası ortaya çıktığı varsayılmaktadır (1).

Doku tanısı eksizye edilen lenf nodunun incelenmesiyle konulduğu gibi kemik iliği aspirasyonundan elde edilen malign hücrelerin akım sitometri ile sitogenetik analizi de tanıda yardımcı olabilmektedir (1, 10).

## HİSTOPATOLOJİ

Mikroskopik olarak morfoloji oldukça değişkendir. En sık DBBHL da izlenen sitoplazmaları geniş, iri, hiperkromatik nükleuslu, nükleer kontür düzensizliği ve nükleol belirginliği gösteren hücre infiltrasyonu şeklinde karşımıza çıkar (Resim 1.1, HE, X400) (3).

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mevcuttur (1, 3, 6, 10, 12, 13, 15, 17, 37). Tanı anında LDH seviyesi oldukça yüksektir. Double hit lenfoma sıklıkla kemoterapiye yanıt vermeyen ya da tedaviden kısa süre sonra nüks eden DB-BHL lardan gelişir. Prognoz oldukça kötüdür ve kemoterapiye rağmen sağ kalım iki yılın altında seyretmektedir (3). Bu nedenle doğru tanı oldukça önemlidir ve tanı immünohistokimya ve veya FISH yöntemi ile desteklenmelidir (10, 11, 17, 39, 42, 43).

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