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BÖLÜM

KLASİK HODGKİN LENFOMA

Gülşah ŞAFAK ÖRKAN¹

TANIM

Hodgkin lenfoma (HL), az sayıda spesifik neoplastik hücreler (Reed-Sternberg hücreleri ve Hodgkin hücreleri) ve arka planda çoğunluğu reaktif nonneoplastik hücrelerden oluşan heterojen bir selülarite ile karakterizedir.

EPİDEMİYOLOJİ

Amerika Birleşik Devletleri (ABD) ve Avrupa ülkeleri gibi gelişmiş coğrafyalarda, HL tüm lenfomaların yaklaşık %10' unu, tüm kanserlerin %0,6' sını ve tüm kansere bağlı ölümlerin %0,2'sini oluşturmaktadır (1-3). Türkiye'de yapılan bir çalışmada, 2000-2017 yılları arasında 4239 lenfoma hastası retrospektif olarak incelenmiş ve HL oranı tüm lenfomalar arasında %20 olarak bulunmuştur (4).

Klasik HL'nın (KHL) histolojik subtiplerinin dağılımı coğrafyaya, sosyoekonomik faktörlere, hastanın immunsupresyon durumuna, ırk/etnik kökene ve yaşa göre değişmektedir (1-3). Yüksek yaşam standardına sahip ekonomik olarak gelişmiş ülkelerde, HL çocuklarda nadirdir, genç erişkinlerde daha sık görülür ve iyi prognoz ile ilişkili histolojik tipleri gösterir. Az gelişmiş ülkelerde ve düşük sosyoekonomik koşullara sahip popü-

lasyonlarda, insidans çocuklarda en yüksektir ve kötü prognoz ile ilişkili histolojik tipler baskındır (5). Gelişmiş ülkelerde KHL'nın nodüler sklerozan (NSKHL) subtipi daha sık görülürken, gelişmekte olan ülkelerde mikst sellüler (MSKHL) ve lenfositten fakir (LFKHL) subtipleri daha sık görülmektedir (6).

Yaş ile ilişkili olarak, dağılım eğrisi bimodaldır, ilk pik 15 ila 34 yaş arasında, ikinci pik >50 yaştan sonradır ve yaşla birlikte sıklığı artar (7). Cinsiyete göre HL sıklığı değerlendirildiğinde NSKHL subtipi haricinde diğer tiplerin hepsinde belirgin erkek hakimiyeti vardır (6).

ETİYOLOJİ

HL'nın etiolojisinde başta EBV olmak üzere sosyoekonomik faktörler, coğrafya, HIV enfeksiyonu ve diğer immun yetmezlikler, otoimmun hastalıklar, genetik, ailevi faktörler ve başka birçok neden suçlanmaktadır. Çalışmalar, sonrasında HL'nin gelişimi için dört kat artmış riski olan enfeksiyöz mononükleoz (EM) ile bir ilişki olduğunu (8); ayrıca mikst sellüler (MSKHL) histolojik tipinde, daha yüksek klinik evrelerde ve daha yaşlı hastalarda virüsün en yüksek prevalansa sahip olduğunu göstermiştir (9,10).

¹ Uzm. Dr., Kastamonu Eğitim ve Araştırma Hastanesi, Tıbbi Patoloji, glsh_safak@hotmail.com

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