

MİKROANJİOPATİK VE DİĞER HASARA BAĞLI HEMOLİTİK ANEMİLER

14. BÖLÜM

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Giriş

Mikroanjyopatik Hemolitik Anemi (MAHA) eritrositlerin nonimmün mekanizmalarla intravasküler sahada parçalanması sonucu gelişen anemilerdir. MAHA eritrositlerin mikrodolaşımda trombositten ve fibrinden zengin trombüsü geçerken mekanik olarak parçalanmasıyla oluşur. Parçalanmış eritrositler periferik kanda şistositler şeklinde görülür (1). Arteriol ve kapillerlerde trombüsler ile karakterizedir. Prostetik kalp kapakları ve intrakardiyak cihazlar da MAHA' ya sebep olabilir. Karakteristik laboratuvar bulguları; direk antiğlobulin (coombs) testi negatifliği, serum laktat dehidrogenaz (LDH) artışı, serum indirekt bilirubin artışı ve haptogloblin azalmasıdır.

Trombotik Mikroanjyopatiler (TMA)

Bütün MAHA' lar TMA' ya sebep olmazlar, ama TMA' ların hepsinde MAHA ve trombositopeni görülür (2). Trombotik mikroanjyopati arteriol ve kapillerlerin duvarındaki mikrotrombüslerle seyreden patolojik lezyonları tanımlar. TMA' ların kesin tanısı doku biyopsisi ile konulur.

Edinsel TTP ilk tanı konulan ve en iyi tanımlanan TMA'dır (1). TTP' de böbrekteki yaygın mikrotrombüslere karşın böbrek fonksiyonlarındaki bozulma hafiftir (1).

Trombotik mikroanjyopatiler:

1. Edinsel (otoimmün) Trombotik trombositopenik purpura (TTP)

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