ERİŞKİN TALASEMİ HASTALARINDA TEDAVİ YAKLAŞIMLARI

21. BÖLÜM

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Giriş

Talasemide tedavi yönetimi; anemi yönetimi ve transfüzyon, hastalık komplikasyonlarının izlenmesi ve yönetimi, şelasyon tedavisi, hematopoetik hücre nakli ve gen tedavisinden oluşmaktadır. Tüm tedavi imkânlarında bile hastalık komplikasyonları halen en önemli sorundur. Oral demir şelatörlerinin kullanılmasıyla beraber hastalık komplikasyonlarında azalma görülmekle beraber, hastalığın prognozunda belirgin iyileşmeler gözlenmiştir. Hematopoetik kök hücre nakli tek kesin tedavi yöntemidir.

Anemi Yönetimi ve Transfüzyon

Anemi ile ilişkili semptomları ve morbiditeleri azaltarak; bozulmuş büyüme ve gelişme, kemik genişlemesi, hipersplenizm ile ilişkili birtakım morbiditelere yol açabilen ekstramedüller hematopoezin azaltılması veya önlenmesi ve artan bağırsak demir emilimi ve/veya transfüzyonu ile ilişkili aşırı demir depolarının azaltılması amaçlanmıştır (1-8).

Talasemi hastalarındaki en önemli tedavi yaklaşımlarından birisi kan transfüzyon yönetimidir. Düzenli ve yeterli düzeyde kan transfüzyonu ile dokulara yeterli miktarda oksijen taşınmaktadır. Talasemide hemoglobini hem anemi semptomlarını azaltan hem de en azından ekstramedüller hematopoeziyi baskılayan bir seviyede tutmak için kronik transfüzyonlar kullanılır. Bu nedenle, daha yüksek pretransfüzyon hemoglobin değerleri hedeflenir (9 ila 10 veya 9,5 ila 10,5 g / dL) (9).

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Sonuç

Talasemide tedavi yönetimi; anemi ve transfüzyon, talasemi komplikasyonlarının yönetimi, şelasyon tedavisi, hematopoetik hücre nakli ve gen tedavisini içeren, yakın ve düzenli takip gerektiren uzun bir süreçtir.

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