

## Bölüm 15

# KLL'DE ENFEKSİYON KOMPLİKASYONLAR VE YÖNETİMİ

Didem AKAL TAŞCIOĞLU<sup>1</sup>

### GİRİŞ

Kronik lenfositik lösemili (KLL) hastalar, hipogamaglobülinemi, T hücre alt gruplarındaki anormallikler, kompleman aktivitesi ve nötrofil / monosit fonksiyon bozuklukları gibi primer hastalık ile ilişkili humoral ve hücrel immünitelelerinde doğal immün defektlere sahiptirler (Wadhwa, P.D.&Morrison, V.A., 2006). KLL hastaların çoğu hastalıkları sırasında enfeksiyonlarla karşı karşıya kalmaktadır. KLL'deki ölümlerin yaklaşık % 60'ını enfeksiyonlar oluşturur (Morrison, V.A., 2014). Hastalar hastalığın evresi ve süresi ile bağlantılı immün fonksiyondaki defektler nedeniyle hem de steroid, sitotoksik ilaçlar ve monoklonal antikorlarla tedaviye ilişkin bir başka immünoşüpresyon nedeniyle enfeksiyonlara yatkın olurlar (Wadhwa, P.D.&Morrison, V.A., 2006). KLL'nin tedavisi; pürin analogları ve monoklonal antikorlar gibi tedavilerin kullanıma girmesiyle gelişmiş ve yeni tedavi protokollerinin uygulanmaya başlamasına birlikte enfeksiyon spektrum ve komplikasyonlarına yaklaşımlar da değişim göstermiştir (Morrison, V.A., 2007).

Bu hastalarda kapsüllü bakteriler ( *Streptococcus pneumoniae*, *Haemophilus influenzae* ) ile oluşan enfeksiyonlar baskın olmakla beraber özellikle hipogamaglobülinemili hastalarda; kemoterapi sonrası gelişebilen nötropenide Gram negatif enterik patojenler ( *Pseudomonas aeruginosa*, *Escherichia coli* ve *Klebsiella pneumoniae*) ve *Staphylococcus aureus* 'un neden olduğu bakteriyemi ve sepsis gelişebilmektedir (Lee, J.S.& ark., 1987), (Nosari, A., 2012). Bakteriyel enfeksiyonlar en yaygın enfeksiyonlar olmasına rağmen, pürin analoglarının kullanımıyla mantar ve herpes virüs enfeksiyonları da görülmektedir (Sudhoff, T.& ark., 1997), (Nosari, A., 2012).

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bireysel bir aşı programını planlamak için gözden geçirilmelidir. Antikor titreleri bu aşamada özel bir program tasarlamaya yardımcı olabilir (Mikulska, M.& ark., 2019).

İmmün sistemi baskılanmış hastalardaki aşılama için CDC önerileri CDC'nin özel durumlarda aşılama takvimine bakılarak takip edilebilir (CDC, 2019).

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