

Bölüm 11

MYELOMDA GÖRÜNTÜLEME

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GİRİŞ

Myelom plazma hücrelerinin klonal proliferasyonu ile karakterize hematolojik bir malignitedir. Hem biyolojik hem de klinik heterojeniteye sahip geniş bir hastalık spektrumu vardır. Myelom tanısı konulmadan önce hastaların tamamının asemptomatik benign bir evre olan önemi belirsiz monoklonal gamopati olduğu kabul edilmektedir. Klinik olarak heterojen bir hastalık olan multipl myelom (MM), genellikle tedavi gerektirmeyen asemptomatik multipl myelom (aMM)] ve tedavi gerektiren semptomatik multipl myelom (sMM) olarak sınıflandırılabilir. 2018 de ABD’ de hematolojik maligniteler içinde 2.sıklıkta görülmüş yaklaşık 12000 ölüme neden olmuştur.⁽¹⁾

Myelomda hastalar tamamen asemptomatik olabilir. Tanı kan testleri ile konulabilir veya çok sayıda semptom ile ortaya çıkabilir. Semptomatik hastalarda hematolojik bulgular, kemik ile ilgili sorunlar, enfeksiyonlar, organ disfonksiyonları, nörolojik şikayetler, kanama bozuklukları saptanabilir. Myelomda tipik olarak multipl litik lezyon ve/veya yaygın kemik iliği tutulumu, ekstremiteler tutulum izlenebilir. Aktif myelom tanısı uluslararası myelom çalışma grubu (IMWG) tarafından kemik iliğinde plazma hücrelerinin histopatolojik tanısına dayanmaktadır.^(2,3)

Myelomda görüntülemenin rolü son yıllarda gittikçe artmıştır. Görüntüleme yöntemleri tanıda ve takipde oldukça önemlidir. Osteolitik lezyon ve osteoporoz olarak tanımlanan kemik tutulumu myelomda mortalite morbiditenin major sebebidir. Ayrıca litik lezyonlar prognostik öneme sahiptir. Litik ya da fokal kemik lezyonlarının tesbiti tedaviye başlama kriterlerinin bir parçasıdır. Ek olarak, oste-

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