Bölüm
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MYELOMA BAĞLI VERTEBRAL HASTALIKLARDA CERRAHİ TEDAVİNİN YERİ

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GİRİŞ

Multiple myelom plazma hücrelerinin klonal proliferasyonu ile giden lenfoproliferatif bir hastalıktır. Multiple myelom hastalarının yaklaşık %80'inde tanı esnasında hareketi kısıtlayan ve morbiditeyi artıran sitokinlerin indüklediği osteoklastik kemik rezorpsiyonuna bağlı kemik lezyonu saptanır. Myeloma bağlı kemik ağrısına yol açan patolojik kırık, osteoporoz, osteolitik kemik lezyonu, spinal instabilite, spinal kord, kök basısı ve extramedüller plasmasitomu olan hastalar myeloma bağlı kemik hastalığı (MKH) olarak tanımlanırlar. MKH nedeniyle hastalık süresince %55-70 hastada vertebra tutulumu ve %30'un üzerinde nörolojik defisit gelişir.

Multiple myelom serum, idrar ve kemik iliğinde saptanan monoklonal immunglobulinlerle karakterizedir. Karakteristik klinik bulguları anemi, enfeksiyon, böbrek yetmezliği, hiperkalsemi ve patolojik kırıklardır. Multiple myelom tedavisi klasik olarak yüksek doz kemoterapi sonrası otolog veya allojenik kök hücre transplantasyonudur. Yeni ajanlardan immunmodulatör ilaçların (thalidomide, lenalidomide, proteasome inhibitörü bortezomib) konvansiyonel kemoterapi ile kombinasyonu klasik tedaviyi değiştirmiş ve sonuçları geliştirmiştir. Bu yeni ve daha agresif tedaviler beklenen yaşam süresini uzatmış ve 10 yıllık sağkalım %30-40'ın üzerine çıkmıştır. Beklenen yaşam süresindeki artış bu süredeki destek bakımı ve hayat kalitesinin önemini artırmıştır (1).

Kemik ağrısının kemoterapi ve/veya radyoterapi ile azaltılabileceği konusunda fikir birliği mevcuttur. Bununla birlikte inatçı ağrı, patolojik kırık, spinal instabilite, spinal kord veya sinir kökü kompresyonu durumlarında ve büyük yumuşak doku kitlelerin varlığında tıbbi tedavinin etkisi sınırlıdır. Bu hastalarda cerrahi

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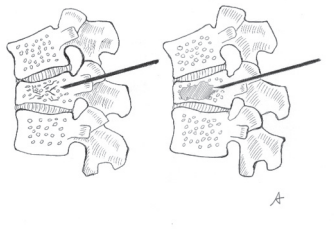
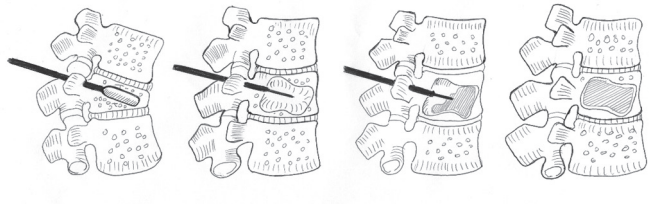


Şekil 1 : Vertebroplasti tekniği



Şekil 2 : Kifoplasti tekniği

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