Bölüm 6

NODÜLER LENFOSİT PREDOMİNANT HODGKİN LENFOMA GÜNCEL YAKLAŞIM

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GİRİŞ

Nodüler Lenfosit PredominantHodgkinLenfoma (NLPHL) klasik Hodgkin-Lenfoma (HL) tiplerinden ayrı patolojik,klinik ve biyolojik özellikler gösteren, nadir görülen bir HodgkinLenfoma alt tipidir. Tüm Hodgkinlenfomaların %5 ini oluşturan hastalığın tahmini insidansı milyonda 1,5'tir(Morton & ark.,2006). Malign lenfosit predominant hücrelerin CD20 ekspresyonu,geç relaps eğilimi ve agresif büyük B hücreli lenfomaya dönüşüm riski,hastalığın takip ve tedavisinde önemli etkileri olan karakteristik özelliklerdir.Histopatolojik varyant paternlerinin tanımlanması da prognoz ve tedavide kritik öneme sahiptir.NLPHL için optimal yönetim net değildir ve görüşler tedavi şeklinin klasik HL ya benzer mi yoksa farklı mı olacağına göre değişir. Tedavi stratejileri arasında radyoterapi, kemoterapi, kombine terapi,rituksimab ve gözlem sayılabilir. Hastalıktaki çok iyi sağkalım özelliği dikkate alındığında tedavi seçenekleri uzun süreli toksisiteyi azaltma ve sağkalımı optimize etmeye yönelik olmalıdır. Klasik HL ile kıyaslandığında, NLPHL daha yaygın erken evre hastalık,periferallenfadenopati ile kendini gösterir ve daha yavaş bir seyir izler (Nogova& ark.,2008). Özellikle son yıllarda NLPHL'nınklinikopatolojik özelliklerinin tanınması hastalığa özgü spesifik klavuzların geliştirilmesine yol açmıştır(Eichenauer&ark.,2018; Hoppe at al. 2018).

NLPHL; KLİNİK VE PATOLOJİK ÖZELLİKLERİ

NLPHL bimodal yaş dağılımına sahiptir. Çocukluk dönemi ve 30-40'ı yaşlarda pik yapar. Olguların %75'i erkektir ve erken evre hastalık olarak başvurur. Klasik HL ile kıyaslandığında bulky hastalık,mediastinal tutulum ve B semptomları nadirdir. NLBHL hücreleri sitokinlerden zengin olmadığı için sistemik semptomlar hastalarda ön plana çıkmaz. Klasik HL'da olduğu gibi Pozitron Emisyon Tomografisi (PET) görüntüleme, NLPHL'da FDG tutulum değerleri klasik HL'ya

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