Bölüm 11

CASTLEMAN HASTALIĞI (CH) GÜNCEL TEDAVİ YAKLAŞIMLARI

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GİRİŞ

Castleman Hastalığı (CH) anjiofolliküler lenf nodu hiperplazisi olarak da bilinen, lenf nodunda benzer mikroskobik özelliklere sahip klonal olmayan lenfoproliferatif bir grup hastalıktır. İlk olarak 1956 yılında Dr. Benjamin Castleman tarafından lenf nodlarında castleman hastalığı benzeri bulgular topluluğu olarak tanımlanmıştır (1). Birleşik devletlerde her yıl yaklaşık 6600-7700 yeni hasta tanı almaktadır. Ekstra lenfatik organ tutulumu da görülebilir (2).

Tutulan lenf nodu bölgesi sayısı, histopatolojik bulguların özellikleri ve human herpes virüs 8 (HHV-8) olup olmadığına göre en az 3 farklı klinik alt tip altında sınıflanır:

- **Unisentrik CH (UCH**
- **Multisentrik CH (MCH)**
  - **HHV-8-ilişkili MCH**
  - **HHV-8-negatif/idyopatik MCH (iMCH)**

MİKROSKOBİK ÖZELLİKLER

UCH, HHV-8 ilişkili MCH ve iMCH vakaları histopatolojik olarak değişik lenf nodu özelliklerine sahiptir:

Hyalen Vasküler histopatolojik alt tip

Lenf nodlarında germinal merkezlerde atrofi, mantle bölgesinde soğan zarı görünümü, hipervaskülerizasyon ve Folliküler Dendritik Hücrelerde artış ile karakterizedir. En sık olarak UCH'da görülür (yaklaşık %90), fakat iMCH'da da görülebilir (4).

Plazma Hücreli histopatolojik alt tip

Lenf nodunda hiperplastik germinal merkezler, nadiren atrofik germinal merkezler ve interfolliküler plazmositoz ile karakterizedir. En sık olarak iMCH'da görülür, fakat UCH'da da görülebilir.

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