Bölüm 20

PRİMER MİYELOFİBROZİS

Esra SARIBACAK CAN[1]

GİRİŞ

Primer myelofibrozis (PMF), inefektif eritropoez, kemik iliğindeki mikroçevredeki sitokin üretimi ve sıklıkla osteosklerozisle birlikte kemik iliğinde reaktif fibroz konnetif doku birikimine neden olan, kemik iliğindeki megakaryositler ile myeloid ve eritroid öncüller de dahil olmak üzere myeloid hücrelerin disregüle proliferasyonuyla karakterize bir miyeloproliferatif neoplaizidir. İlerleyen kemik iliğinin fibrotik aşamalarda, periferik kan yaymasında gözyaşı şeklinde eritrositler, çekirdekli eritrositler ile immatür myeloid hücreler ve hepatomegali ile splenomegaliyle kliniği belirginleşen ekstramedüller hematopoez görülür (1).

DSÖ (Dünya Sağlık Örgütü) KMPN (kronik miyeloproliferatif neoplasm) kategorisinde (Tablo 1), polisitemi vera (PV), essential trombositemi (ET) ile primer myelofibrozis (PMF) birlikte KMPN olarak gruplandırılmıştır (2, 3). PMF prefibrotik ile aşikar fibrotik PMF olarak iki alt gruba ayrılmıştır. ET veya PV'li bazı hastalarda, zaman içerisinde benzer tedavi ve sonuçlar gösteren ve post-ET veya post-PV MF olarak adlandırılan PMF-benzeri fenotip gelişebilir.(4- 8) PMF de dahil olmak üzere MPN'deki somatik mutasyonlar, driver ve "diğer" mutasyonlar olarak gruplandırılır; driver mutasyon *JAK2*, *CALR* ile *MPL'yi içerirken* diğer mutasyonlar *ASXL1*, *SRSF2 ile U2AF1'yi içerir*. (9, 10) Bu mutasyonlar çoğunlukla PV'li veya ET'li hastalarda görülür. MPN fenotipi için driver mutasyonlar gerekliyken diğer mutasyonların hastalığın progresyonuna ve lösemik transformasyona katkı sağlayabileceğine dair yaygın bir kanı bulunmaktadır (11,12, 13).

KLİNİK ÖZELLİKLER

PMF'nin en yaygın yakınması şiddetli halsizliktir. Hastaların yaklaşık yarısında dalak boyutunun artmasından kaynaklanan semptomlar, daha az sayıdaki hastada kilo kaybı ve ateş, kemik ağrısı ile gece terlemesi gibi hipermetabolik

[1] Dr., Dışkapı Yıldırım Beyazıt Eğitim Araştırma Hastanesi Hematoloji Kliniği esracanercan@hotmail.com

progresif hepatomegali ve %29'unda trombositoz görülmüştür. Splenektomi sonrasındaki medyan sağkalım 19 ay olarak kaydedilmiştir (78-80).

Portal hipertansiyonun semptomlarını hafifletmek için transjuguler intrahepatik porto-sistemik şant düşünülebilir. Tekrarlayan varis kanaması ve refrakter asit TIPS endikasyonlarıdır ve her ikisi de ileri düzey MF'ye eşlik edebilir. TIPS'ın terapötik değeri MF'de sistemli bir şekilde henüz çalışılmamıştır, uygulabilirliği ve etkinliğini onaylayan çalışmalara ihtiyaç duyulmaktadır (81).

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