

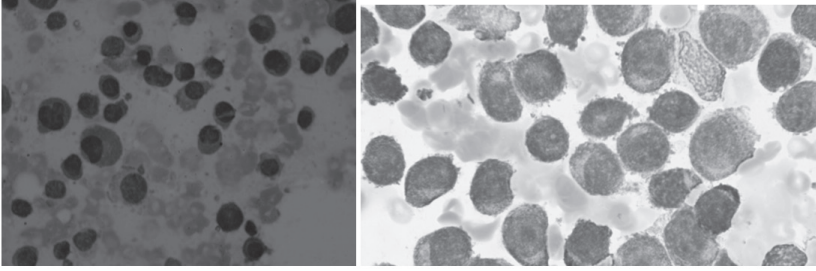
## Bölüm 23

# PLAZMA HÜCRELİ LÖSEMİ TANI VE TEDAVİSİNDE YENİLİKLER

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### GİRİŞ

Plazma hücre diskrazileri arasında plazma hücreli lösemiler (PHL), en agresif kliniğe sahip ve kötü prognozlu hastalık grubu olarak anılmaktadır. Periferik kan yaymasında olgun veya olgunlaşmamış plazma hücrelerinin (PH) artmış sayıda görülmesi PHL tanısını düşündürür (resim 1.)



Resim1.\*

Resim 2. \*

İlk PHL vakası 1906'da Gluzinski ve Reichenstein tarafından tanımlanmıştır (Gluzinski & Reichenstein. 1906). Kırk yedi yaşında anemi, splenomegali, sırt ağrısı ve kaburgasında palpe edilen bir kitle ile başvuran bir hastanın periferik yaymasında 2-3 nükleuslu immatur plazma hücreleri görülmüştür. Arsenik içeren bir bileşik ile tedavi edilmeye başlandıktan sonra kitlenin boyutunda belirgin küçülme, ağrı şiddetinde azalma olmasına rağmen, 6 ay sonra ilk pnömoni atağında hasta ex olmuştur. Hastalığın günümüz tanı kriterlerinin temelleri ise

1970'de Robert Kyle ve arkadaşları tarafından ortaya konmuştur (Kyle, Maldonado & Bayrd. 1970).

Klasik bilgi olarak; monoklonal gammapati saptanan hastalarda, perifer kanda dolaşan klonal plazma hücre oranının %20 nin üzerinde ve/veya mutlak plazma hücre sayısının  $2 \times 10^9/L$  olması tanısaldır (Jimenes-Zepeda & Dominguez 2006).

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Sonuç olarak PHL nadir görülen fakat agresif doğası nedeni ile mortalitesi yüksek seyreden bir plazma hücre hastalığıdır. Son yıllarda miyelom tedavisi ile birlikte klinik pratiğimize kazandırılan yeni ajanlar hastalar hastalığın prognozunda olumlu gelişmelere neden olmuştur. Fakat mevcut tedavilere rağmen hızlı nüks eden, kür sağlanamayan bu hastalıkta kök hücre nakli yerini korumaktadır. Özellikle genç, vericisi bulunan PHL hastalarında allojenik nakil sonrasında yeni ajanlarla kombine edilmiş idame tedavisi, mevcut bilgiler ışığında uygulanabilecek en optimal tedavi seçeneği gibi görünmektedir.

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