

## Bölüm 26

# HEMATOLOJİK MALİGNİTELER VE HEMATOPOETİK KÖK HÜCRE NAKLİNDE ANTİFUNGAL TEDAVİ

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Hematolojik maligniteler ve hematopoetik kök hücre nakli (HKHN) hastalarında nötrojeni çeşitli infeksiyonlara zemin hazırlaması bakımından önemli bir sorundur. Nötropenik hastalarda fungal infeksiyonlar en önemli morbidite ve mortalite nedenlerindedir (1, 2). Gelişen fungal infeksiyonların %90'ından çoğunda Candida ve Aspergillus türleri etkindir (3).

### İNVAZİV FUNGAL İNFEKSİYON SINIFLANDIRMASI

Avrupa Kanser Araştırmaları ve Tedavi Merkezi (European Organization for Research and Treatment of Cancer-EORTC) İnvaziv Fungal İnfeksiyon Çalışma Grubu (EORTC-IFICG) ile Bethesda Mantar Çalışma Grubu (NIAID-MSG) konsensusuna göre, kesin (proven), yüksek olasılıklı (probable), düşük olasılıklı (possible) olarak üç grup fungal infeksiyon mevcuttur (4). İnvaziv fungal enfeksiyon olasılığını arttıran durumlar/kriterler Tablo 1'de belirtilmiştir.

Bu konsensusa göre;

#### **Yüksek olasılıklı İFİ (Probable):**

- En az bir konak faktörü + bir mikrobiyolojik ve bir klinik faktör

#### **Düşük olasılıklı İFİ (Possible):**

- En az bir konak faktörü + bir mikrobiyolojik veya bir klinik faktör

#### **Kesin İFİ:**

Kesin İFİ diyebilmek için etkenin görülmesi şarttır. Buna göre doku faktörleri olarak da tanımlanabilen: a) Histopatolojik, sitopatolojik veya doğrudan mikroskopik inceleme ile iğne aspirasyonunda veya biyopsi örneğinde hifa oluşumuna eşlik eden doku hasarı (mikroskopik veya görüntüleme ile infiltrat veya lezyon) b) Normalde steril olan, ancak klinik veya radyolojik olarak enfeksiyon ile uyumlu

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