Bölüm
20

LENFOPROLİFERATİF HASTALIKLARDA SPLENEKTOMİ

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GİRİŞ

Lenfoproliferatif hastalıklar, B, T ve NK hücrelerinin klonal proliferasyonundan kaynaklanan en az 70 durumu içeren heterojen bir gruptur.

Dört gruba ayrılabilir:

1. Matür B hücrelerinin bozuklukları (en yaygın olan hastalıklar: kronik lenfositik lösemi, folikülerlenfoma ve yaygın büyük B hücreli lenfoma);
2. Olgun T ve NK hücrelerinin bozuklukları (enteropati ile ilişkili T hücreli lenfoma ve hepatosplenik T hücresi lenfoma [HSTCL] gibi gastroenterolojinin ilgilendiği nadir hastalıkları içerir.)
3. Hodgkin lenfoması (vakaların yaklaşık% 10'u);
4. Birincil veya ikincil immün yetmezlik durumları ile bağlantılı transplantasyon sonrası lenfoproliferatif bozukluklar, örn. HIV enfeksiyonu, nakil sonrası ve immünosüpresif ilaç gerektiren diğer durumlar (1,2).

Lenfoproliferatif hastalıklar, kontrolsüz bir şekilde lenfosit üretiminden kaynaklanır ve kronik lenfositik lösemi, akut lenfoblastik lösemi, tüylü hücreli lösemi, Hodgkin lenfoma, Non-Hodgkin lenfoma, multipl miyelom ve Waldenström makroglobulinemisi gibi hastalıkları içerir (3). Lenfoproliferatif hastalık vakaları herhangi bir yaş grubunda ortaya çıkar ve insidansı konjenital, edinilmiş veya iyatrojenik olarak indüklenen immün yetmezliği olan kişilerde anlamlı olarak daha yüksektir. Bozulmuş bağışıklık sistemi fonksiyonunun, özellikle T hücresi fonksiyonunun, Lenfoproliferatif hastalık sıklığının artmasına yol açtığı açıktır (4). HIV ile enfekte olmuş hastalarda lenfoma salgınları, posttranslasyonal hastalarda

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Bazı seçici hastalarda splenektomi önemli olabilir, çünkü Hepatosplenik T Hücre Lenfoma'lı hastalarda spontansplenik rüptür rapor edilmiştir. Aşırı splenomegali ile başvuran hastalarda profilaktik splenektomi yararlı olabilir. Bazı hastaların splenektomi sonrasında semptomlarında iyileşme gözlenmektedir; Bazı hastalarda ise prosedürü takiben trombosit sayısı artmakta , böylece bir antifolat ilacı olan pralatrexate gibi ilaçlarla daha fazla tedavi şansı yaratmaktadır (75-77).

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