Bölüm
22

MASİF SPLENOMEGALİ

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GİRİŞ

Dalak, tıp tarihinde iki bin yıl öncesi ve belki daha eski kaynaklarda kendine yer bulmuştur. Çin tıbbında kalp, akciğer, karaciğer ve böbrekle birlikte "beş temel uzuv"dan biri olarak değerlendirilmiştir (1). Hipokrat'tan Galen'e ve Aristokrat'tan İbn-i Sina'ya kadar birçok bilim insanı dalak hakkında, hastalık ve tedavileri konusunda farklı mistik ve ilginç görüşler öne sürmüştür.

Dalağın ilk modern tanımlayıcılarından biri 17.yüzyılda yaşamış olan İtalyan anatomist Marcello Malpighi'dir. Dalağın mikroskobik anatomisi üzerine incelemeler yapmıştır ve tarif ettiği lenf folikülleri, onun adına ithafen "Malpighi cisimciği" olarak adlandırılmaktadır (2). Bir doğa bilimci olan Edwards Crisp ise 1855 yılında birçok farklı memeli ve canlılardan olmak üzere 355 ayrı dalağı inceleyip, boyut ve görünümlerini kayıt altına almıştır (3).

Masif splenomegaliye ait önemli köşe taşıysa Fransız bir dermatolog olan Philippe Charles Ernest Gaucher tarafından tanımlanmıştır. 1855 yılında masif splenomegali ile takip ettiği 32 yaşındaki kadın hastasının dalağını post-mortem olarak incelemiş ve 4.5 kg kadar ağırlıkta olan organ hakkında birçok notlar düşmüştür (3).

Günümüzde fizyoanatomik ve histolojik olarak çok iyi incelenmiş olan dalağın, primer ve sekonder birçok hastalığı tarif edilmiştir. İnsan vücudunun hematopoez ve immun sürveyansında önemli bir rolü olduğu bilinmektedir (4). Anormal eritrositlerin temizlenmesi, mikroorganizma ve antijenlerin yok edilmesi ve immünglobulin-G (IgG)'nin sentezlenmesi dalağın başlıca önemli görevleri arasındadır. Yine immün sistem peptitlerinden properdin ve tuftsin isimli proteinleri de sentezlemektedir (4). Bir başka önemli görev ise dolaşımda olan trombositlerin üçte birini depolanmasıdır.

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dar olan dalak için laparoskopik splenektominin güvenli olacağı ifade edilmiş ve EAES splenektomi rehberinin güncellenmesi önerisi/gerekliliği dillendirilmiştir (88).

Splenektomi sonrası olası komplikasyonlar subfrenik apse ve splenik veya portal ven trombozudur. Bu komplikasyonlar özellikle myeloproliferatif hastalıklarda daha sık görülmektedir. İmmün sistem bozukluğu veya baskılanmış immün sistemi olan hastalarda postoperatif komplikasyonları önlemek amacıyla kapsüllü bakterilere yönelik aşılar yapılması tavsiye edilmektedir (89).

Son olarak myeloproliferatif veya lenfoproliferatif hastalıklardaki masif splenomegalinin palyasyon tedavisi için splenik radyasyon da önerilmektedir (90).

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