

GEBELİKTE MULTİPLE MYELOMA YÖNETİMİ

50.
BÖLÜM

Ferda CAN¹

GİRİŞ

Günümüzde, her 1000 gebeliğin ortalama bir tanesi kanser ile komplike bir hale gelmektedir. Gebelikte en sık görülen kanserler sırasıyla meme, melanom, serviks kanseri ve takiben hematolojik kanserlerdir (1). İlk gebe myelomlu vaka 1965 yılında sunulmuştur (2). Hematolojik kanserler içinde myelom ileri yaşta görülen bir malignite olması nedeniyle gebelerde nadir görülen bir kanser olup tanı, tedavi ve takibinde vaka serisi şeklinde bilgilerle elde edilmiş derlemeler ile güçlendirilmiş öneriler mevcuttur.

MULTİPLE MYELOM EPİDEMİYOLOJİSİ

Multiple myeloma (MM) hematolojik kanserler içinde Hodgkin dışı lenfomalar ve lösemilerden sonra üçüncü sıklıkta tespit edilir. Malignite ilişkili ölümlerde 17. Sırada olup hastalık erkeklerde kadınlara göre daha sık görülür (3). Hastalık için ortanca tanı yaşı 66-70 olup % 37 hasta 65 yaş altında, % 0,02 hasta 30 yaş altında tanı almaktadır (4). Yaş ve cinsiyet dağılımı nedeniyle MM gebelik sırasında nadir görülen kanserlerdir. Gebelikte myelom tanısı almış kadınların değerlendirildiği bir vaka serisinde ortanca yaş 34 olarak bulunmuştur (5). Kadınlarda gebe kalma yaşıının artması nedeniyle son yıllarda daha sık rapor edilmektedir (6). Normal popülasyonla uyumlu şekilde gebelerde Afro-Amerikan kökenli kişilerde Asya ırkına göre daha sık görülür (7). MM hastalarında 5 yıllık sağkalım %25 iken gebelikten hemen önce, gebelik sırasında veya hemen sonra MM tanısı alanlarda 5 yıllık sağkalım %45 olarak gösterilmiş olup bu analizlerde yayın, seçim yanlılıklarını olabileceği göz önünde bulundurulmalıdır (7).

¹ Uzm. Dr., Ankara Şehir Hastanesi, Hematoloji Kliniği dr.ferda.can@hotmail.com

tedir. Bildiriler ışığında gebelerin mortalite ve morbiditeleri diğer hastalardan farklı değildir. Doğum sonrası ideal MM tedavisi hemen başlanmalıdır.

KAYNAKÇA

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