Bölüm 27

HİPEREOZİNOFİLİK SENDROM VE KARDİYOVASKÜLER TUTULUM

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GİRİŞ

Eozinofiller, doğal bağışıklık sisteminin hücreleri olup paraziter infeksiyonlara karşı savunmada önemli rol oynarlar. Hipereozinofili; bir ay ara ile en az iki farklı ölçümde periferik kanda eozinofil sayısının > 1,500/μL olması ya da dokuda hipereozinofilinin gösterilmesi olarak tanımlanmaktadır. Hipereozinofilik sendrom (HES) ise etiyolojiden bağımsız olarak persiste eden hipereozinofiliye, hedef organ hasarının eşlik etmesidir.(1)

Hipereozinofilik sendromlar, etiyolojilerine göre sınıflandırılırlar:(2)

- Primer HES: Eozinofil serisinde klonal proliferasyon ile seyreden neoplastik bir tablodur.
- Sekonder HES: Reaktif HES olarak da bilinir. Diğer hücrelerden üretilen interlökin 5 (IL-5) gibi sitokinlere reaktif olarak eozinofili gelişmesidir. Advers ilaç reaksiyonları, lenfoma, paraziter infeksiyonlar, bağ doku hastalıkları ve bazı solid tümörlere eşlik edebilir. STAT-3 gen fonksiyon kazanımı mutasyonu sonucu T hücrelerinden salınan sitokinlere reaktif gelişen HES "lenfositik varyant HES" olarak tanımlanmaktadır.
- Ailesel HES: Nadir, otozomal dominant geçişli bir hastalıktır. Eozinofil sayısı yüksek olmakla birlikte fonksiyonlarında azalma mevcut olduğu için HES kliniği genellikle siliktir. Vakaların çoğunda IL-5 regülasyonundan sorumlu 5q31-5q33 lokusunda mutasyon mevcuttur.

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devam ettiği sürece ve ventriküler trombüs sebat ettiği müddetçe antikoagulan tedaviye devam edilmelidir.(12)

Sonuç

Hipereozinofilik sendrom persistan hipereozinofiliye hedef organ hasarının eşlik ettiği klinik tablodur. Kardiyovasküler tutulum hipereozinofilik sendromda önemli bir morbidite ve mortalite nedenidir. Kardiyovasküler sistem tutulumu kardiyak tutulum ve tromboembolik olaylar ile prezente olabilmektedir. Kardiyoloji uzmanları HES vakalarında kardiovasküler bulguların olabileceğinin farkında olmalıdır ve HES olguları Kardiyoloji uzmanları ile birlikte takip edilmelidir.

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