16. BÖLÜM

MİKROANJİOPATİK HEMOLİTİK ANEMİLERE YAKLAŞIM

Vehbi DEMİRCAN[1]

GİRİŞ

Mikroanjiopatik hemolitik anemiler (MAHA) tek hastalıktan ziyade bir grup hastalığı tanımlamak için kullanılan bir tabir olup esas sorun plateletten yoğun fibrin depolanması olduğundan mikroanjiopatiler (TMA) olarak ta adlandırılabilirler. Kapiller ve arteriol sistemde bulunan mikrotrombüsteki trombosit-fibrin ağından geçen normal eritrositlerde yıkım olmaktadır. Bunun sonucunda anemi, trombosit depolanması olduğundan trombositopeni gelişmektedir.

TANIMLAMA

Mikroanjiyopatik Hemolitik Anemi (MAHA)

MAHA, immün olmayan (Coombs negatif) hemoliz için kullanılan tanımlayıcı bir terimdir. Periferik kan yaymasında eritrosit parçalanmasından kaynaklanan ve Şekil 1'de gösterilen şistosit mevcuttur (1). Küçük arteriyol ve kapiller kaynaklı mikrovasküler anormallik vardır. Eritrositlerin protez kalp kapaklarının kapanması sırasında parçalanması, ağır aort koarktasyonunda, ağır kapak darlıklarında oluşan türbülan kan akımında eritrositlerin hasarlanması da MAHA nedenidir (2, 3). Laboratuar bulgularında negatif direkt antiglobulin (Coombs) testi (DAT), düşük haptoglobin, artmış laktat dehidrojenaz (LDH) ve indirekt bilirubin bulunmaktadır.

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- İlk değerlendirmede, hastada MAHA ve trombositopeni varlığı doğrulanmalı ve bu bulgulara neden olabilecek sistemik bozukluklar, mevcut bulgular ve olası nedenler dikkate alınarak ekarte edilmeye çalışılır
- **Gebelikte** Preeklampsinin ağır formu ve HELLP sendromu unutulmamalı.

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