Bölüm 3

Paraneoplastik Otoantikorlar

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GİRİŞ

Paraneoplastik sendromlar, kanserin primer veya metastazından uzakta ortaya çıkan sistemik etkilerin neden olduğu bozukluklardır. Paraneoplastik sendromların meydana gelmesinde şu ana kadar iyi tanımlanmış iki mekanizmadan bahsedebiliriz; birincisi kanserin hormon, peptit veya sitokin gibi humoral faktörler üretmesi; ikincisi ise malign ve normal dokular arasında oluşan immün çapraz reaksiyonlardır. Antikor aracılığı ile oluşan paraneoplastik sendromlar en sık olarak nörolojik sendromlara neden olmaktadır. Paraneoplastik nörolojik sendromlar, merkezi sinir sistemini (örneğin, limbik ensefalit ve paraneoplastik serebellar dejenerasyon), nöromüsküler kavşağı (örneğin, Lambert-Eaton miyastenik sendrom (LEMS) ve miyastenia gravis) veya periferik sinir sistemini (örneğin, otonom nöropati ve subakut duyusal nöropati) etkileyebilir(1). Sinir sistemi tutulumu ensefalomiyelitte (EM) olduğu gibi sıklıkla multifokal olmakla birlikte serebellar dejenerasyon şeklinde tek bir sistemi de tutabilir. Bunlar, tümörlü ~1:300 hastayı etkiler, ancak nüfus düzeyindeki epidemiyoloji, yalnızca ~1 ile 8/100 000 kişi-yılı arasında bir insidans oranı önerir, bu da devam eden yetersiz tanımayı gösterir (2). Paraneoplastik nörolojik sendromlar (PNS) nadir olmakla birlikte, bazı malignitelerde görülme sıklığı önemli ölçüde daha yüksektir. Örneğin, küçük hücreli akciğer kanserli (small cell lung cancer: SCLC) hastaların %5'inde ve lenfoma veya miyelomlu hastaların %10'unda PNS gelişir (3). Paraneoplastik

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