

BÖLÜM 20

OTOANTİKORLAR

Müçteba Enes YAYLA ¹

Orhan KÜÇÜKŞAHİN ²

ROMATOİD FAKTÖR

Romatoid faktörler immunoglobulin (Ig) G'nin Fc parçasına karşı oluşmuş bir otoantikör ailesidir. Yetmiş yıldan uzun süredir varlığı bilinmekte olup, farklı izotip ve affiniteye sahip alt tipleri bulunmaktadır. Romatoid faktörü (RF) saptamak için önceleri klasik aglütinasyon yöntemleri kullanılmış olsa da günümüzde nefelometrik veya enzim-bağımlı immunosorbent assay (ELISA) yöntemleri sıkça kullanılmaktadır.

RF'nin fizyolojik rolü net olarak ortaya konabilmiş değildir fakat farklı hipotezler mevcuttur. İmmunkomplekslerin temizlenmesinde, antiviral antikorların sitotoksik gücünün artırılmasında ve parazitlerin eliminasyonunda etkin olduğu öne sürülmektedir. Romatoid artrit (RA) özellikle antijen sunumunda önemli görevi olduğu bilinmektedir.

RF özellikle RA, Sjögren hastalığı ve kriyoglobulinemi gibi romatolojik hastalıklarda saptanabildiği gibi sağlıklı bireylerde veya

romatolojik olmayan durumlarda da saptanabilmektedir (Tablo 1). Sağlıklı bireylerde, ileri yaşta daha sık gözlemlenmekle beraber %1-5 oranında tespit edilebilmektedir. Subakut bakteriyel endokardit, sifiliz, tüberküloz, hepatit C enfeksiyonu gibi enfeksiyonlar RF varlığının romatolojik olmayan önde gelen nedenlerindendir. Sjögren hastalığı, sistemik lupus eritematozus (SLE), miks bağ dokusu hastalığı (MBDH), polimiyozit ve dermatomyozit gibi kronik sistemik otoimmün hastalıklarda RF varlığı saptanabilmektedir. Yüksek titrelerde RF varlığı ise romatoid artrit dışında genellikle Sjögren sendromu ve tip II veya III kriyoglobulinemide gözlemlenebilmektedir.

Poliartritlerin ayırıcı tanısında, özellikle RA'yı saptamada, RF önemli bir yol göstericidir. RA için duyarlılığı %60-90, özgüllüğü ise %85 oranındadır ve 1987 yılından itibaren sınıflandırma kriterlerinde yerini almaktadır. IgM-RF'nin özellikle orta ve yüksek titrede varlığı (normalin 2 ve 3 kat üzeri) RA için oldukça özgüdür. Tanısal anlamda önemli

¹ Uzm. Dr., Ankara Eğitim ve Araştırma Hastanesi, Romatoloji Kliniği, enesyayla@hotmail.com

² Doç. Dr., Yıldırım Beyazıt Üniversitesi Tıp Fakültesi, Romatoloji BD., Ankara Şehir Hastanesi, orhankcs@gmail.com



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