

BÖLÜM 44

LÖKOSİTOZU VE LÖKOPENİSİ OLAN HASTAYA YAKLAŞIM

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TANIMLAMALAR

Lökosit terimi nötrofiller, eozinofiller, bazofiller, monositler ve lenfositleri içerir.

Lökositoz, yüksek beyaz küre(WBC) sayısını ifade eder. Nötrofili en sık görülen lökositoz türüdür, ancak lökositoz da monositlerin, eozinofillerin, bazofillerin ve/veya lenfositlerin artmasına bağlı olabilir. WBC'nin gebe olmayan erişkinlerde, mm³'te veya microL'de 11.000'den (L'de 11.0×10⁹) daha yüksek bir değer olarak ölçülmesi Lökositoz olarak tanımlanmaktadır.

Lökopeni: Gebe olmayan erişkinlerde WBC'nin microL'de 4.000'den (L'de 11.0×10⁹) daha düşük bir değer olarak ölçülmesi lökopeni olarak tanımlanmaktadır.

Nötrofili: Mutlak Nötrofil sayısının >7700/microL olması.

Nötropeni: Mutlak Nötrofil Sayısının <1500/ microL olması. Nötropeni Absolu-

te Nötrofil Sayısına göre **Hafif:** 1000-1500/microL, **Orta** 500-1000/microL, **Ciddi** <500/microL, **Çok ciddi** <200/microL olarak derecelendirilir.

Absolute Nötrofil Sayısı (ANC) = WBC (hücre/mikroL veya mm³)x %(PMNL+Bant Nötrofil) ÷ 100.

Granülositoz genellikle nötrofili ile bir birinin yerine kullanılır, ancak granülositoz, artan eozinofilleri veya bazofilleri de yansıtabilen daha geniş bir terimdir.

Sola kayma, genellikle metamyelositler ve miyelositler eşliğinde bant formlarının yüzdesinde bir artışa işaret eden eksik tanımlanmış bir terimdir.

Lökomoid reaksiyon, lösemi dışındaki nedenlere bağlı olarak WBC >50.000/microL olması durumunu tanımlar. Artan hücrelerin çoğunluğu olgun nötrofillerdir, ancak bant nötrofil, metamiyelosit ve/veya miyelositler de eşlik eder.

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