

CHAPTER 16

GRAFT VERSUS HOST DISEASE (CUTANEOUS) (GVHD) (D89.813)

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REMEMBER

- ▶ Graft versus host disease (GVHD) usually occurs following allogeneic stem cell transplantation, but the disease may also be observed after blood transfusion, and solid organ transplantations.
- ▶ Lymphocytes of the donor entering the body are perceived as “foreign” by the host cells, and cause a reaction.
- ▶ GVHD has acute and chronic forms.
- ▶ Chronic GVHD mainly affects the skin, mouth, lungs, eyes, genitals, and gastrointestinal tract. It can be mild, moderate or severe, and this distinction is based on the presence of lung involvement.

Acute Cutaneous GVHD

- ▶ The disease usually occurs 2-4 weeks after transplantation, and usually presents as a confluent maculopapular eruption. Acute GVHD may progress to erythroderma. The disease is examined under four stages according to the severity of involvement.
- ▶ The morbilliform rash of acute cutaneous GVHD initiates from the head, neck, and hands and distributes throughout the body. It is accompanied by itching, and pain in the skin. Periungual

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Cardiology

- ▶ Cardiac involvement is rare in GVHD.
- ▶ Care should be taken in terms of the development of myocarditis, complete heart block, and coronary artery disease.
- ▶ The vascular endothelium is an important organ involved in GVHD. The patients should undergo a cardiac examination in case of any doubt.

Infectious diseases

- ▶ It should be kept in mind that opportunistic infections may occur in patients suffering from GVHD. Patients should receive prophylaxis against fungal infections.
- ▶ Trimethoprim-sulfamethoxazole is used for the prevention of *Pneumocystis jirovecii* infection.
- ▶ Cytomegalovirus is a common opportunistic viral infection in this patient population. All these aspects of patients should be evaluated by an infectious diseases' specialist at certain intervals.

Psychiatry

- ▶ Anxiety rate was found to be 20% in chronic GVHD patients. Depressive disorders, and decreased quality of life in addition to functional disorders were also described in these patients. Thus, patients should be evaluated by a psychiatrist.

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BÖLÜM 15

GRAFT VERSUS HOST HASTALIĞI (KUTANÖZ) (GVHH) (D89.813)

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HATIRLA

- Graft versus host hastalığı (GVHH) genellikle allojenik kök hücre nakli sonrası görülmektedir. Ancak kan transfüzyonu ve solid organ nakillerinden sonra da ortaya çıkabilir.
- Vücuda giren donör lenfositler konak hücreler tarafından “yabancı” olarak algılanarak reaksiyon oluşturulur.
- GVHH’nin akut ve kronik formları vardır.
- Kronik GVHH başlıca deri, ağız içi, akciğerler, gözler, genital organlar ve gastrointestinal kanalı etkiler. Hafif, orta veya şiddetli seyredebilir ve bu ayrım akciğer tutulumunun varlığına dayanır.

Akut Kutanöz GVHH

- Hastalık genellikle nakilden 2-4 hafta sonra gerçekleşir ve genellikle birleşme eğilimi gösteren makülopepüler erüpsiyon olarak ortaya çıkar. Akut GVHH eritrodermiye ilerleyebilir. Hastalık tutulum şiddetine göre dört evre altında incelenir.
- Akut kutanöz GVHH’nin morbilliform döküntüsü baş-boyun ve ellerden başlayarak yayılır.
- Deride kaşıntı ve ağrı klinik tabloya eşlik eder. Periungual eritem ve onikomadezis görülebilir. Çok nadir olarak döküntü toksik epidermal nekrolize ilerleyebilir.

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Enfeksiyon Hastalıkları

- ▶ Bu hastalarda oportunistik enfeksiyonlar oluşabileceği unutulmamalıdır. Hastalar fungal enfeksiyonlara karşı profilaksi almalıdır.
- ▶ *Pneumocystis jirovecii* enfeksiyonunun önlenmesi için trimetoprim-sulfametoksazol kullanılır.
- ▶ Sitomegalovirüs bu hasta popülasyonunda sık görülen bir oportunistik viral enfeksiyondur. Hastalar tüm bu yönleri ile bir enfeksiyon hastalıkları uzmanı tarafından belirli aralıklar ile değerlendirilmelidir.

Psikiyatri

- ▶ Kronik GVHH hastalarında anksiyete oranı %20 olarak saptanmıştır. Hastalarda ayrıca depresif bozukluklar ve yaşam kalitesinde düşme ile fonksiyonel bozukluklar tariflenmiştir. Hastalar bu yönleriyle psikiyatri uzmanı tarafından değerlendirilmelidir.

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