

# TÜTÜN VE NADİR GÖRÜLEN AKCİĞER HASTALIKLARI

## 21. BÖLÜM

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### Giriş

Dünya genelinde kabul edilen net kriterler bulunmasa da Avrupa'da 1:2.000'den düşük prevalans, Amerika Birleşik Devletleri'nde (ABD) 200.000'den az hastada rastlanan hastalıklar 'nadir hastalık' olarak tanımlanmaktadır (1). Ayrıca, 1:2.000.000'den az sıklıkta görülen hastalıklar 'ultra-nadir' olarak adlandırılmaktadır. Çoğu nadir ve ultra-nadir hastalık genetik kaynaklı olmakla beraber söz konusu 'nadir akciğer hastalıkları' olduğunda durum farklıdır. Akciğerin nadir hastalıkları genellikle idiyopatik olup kronik seyirlidir (2). Bu bölümde sigara ile ilişkilendirilmiş olan nadir akciğer hastalıkları gözden geçirilmiştir.

### Havayolu tutulumu ile seyreden hastalıklar

#### Kronik bronşiyolitler ve tütün ilişkisi

Bronşiyolit diğer adı ile 'bronşiolitis obliterans' primer olarak çapı 3 mm ve altında olan küçük iletiler hava yollarını ve kısmen de interstiyumu etkilemektedir. Hastalar genellikle sinsi seyirli dispne ve öksürük ile başvururlar. Erişkin popülasyonda nadir görüldüğünden vakalar başlangıçta KOAH ve astım başta olmak üzere yanlış tanılabilmektedir. Vakaların

çoğunda inhalasyon hasarına neden olan toksik gaz inhalasyon kazaları altta yatmaktadır. Diğer nedenler arasında ilaçlar, başta virüsler olmak üzere solunum yolu enfeksiyonları, solid organ ve kök hücre nakli yer almaktadır (3). Solid organ ve hematopoetik kök hücre alıcılarında gözlenen 'bronşiyolit obliterans sendrom' ilerleyici hava akım kısıtlanması ile karakterizedir ve mortalitede artışa neden olmaktadır.

Kronik bronşiyolit histopatolojik olarak 'konstriktif bronşiyolit' ve 'proliferatif bronşiyolit' olmak üzere iki majör sınıfa ayrılabilir. Konstriktif bronşiyolit, bronşiyol lümeninin konsantrik daralması ve/veya tamamen tıkanmasına neden olan değişiklikler ile karakterizedir; selüler bronşiyolit, foliküler bronşiyolit, diffüz panbronşiyolit, respiratuar bronşiyolit ve kriptojenik bronşiyolit olmak üzere beş alt grupta incelenmektedir. Bunlardan 'respiratuar bronşiyolit' sıklıkla sigara içenlerde izlenmektedir. Bunun dışında, 'hava yolu merkezli interstiyel fibrozis' de sigara ile ilişkili gibi görünmektedir. 'İdiyopatik bronşiyol-sentrik interstiyel pnömoni' olarak da adlandırılan bu durumla ilgili bildirilen vaka serilerinde sigara öyküsünün bulunması, sigaranın havayolu hasarına katkıda bulunduğunu desteklemektedir (4).

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albinizm ve tipik göz bulguları varlığında, elektromikroskop ile trombosit delta granüllerinin (yoğun cisimcikler) gösterilememesi ile konur. Trombosit delta granüllerinin yokluğu tanı için olmazsa olmaz koşuldur (116). HPS olgularında, günümüze değin HPS1, HPS3, HPS4, HPS5 veya HPS6 gibi biallelik patojenik varyantlar tanımlanmıştır. Sigara içenlerde Hermansky-Pudlak sendromu ile ilişkili genlerden HPS4'ün down-regüle olurken HPS1'in ise up-regüle olduğu gösterilmiştir (117). Normalden farklı şekilde eksprese olan bu genlerin sigara dumanı maruziyeti ile hem HPS hem İPF hastalarında görülen akciğer fibrozisi arasındaki nedensel ilişkiyi açıklayabileceği düşünülmektedir (118).

### Sonuç

Sonuç olarak, tütün dumanı, içerdiği 5000'den fazla kimyasalla insanlarda birçok pulmoner ve sistemik hastalığa yol açmaktadır. Tütün dumanı maruziyeti ile toksik partiküllerin solunması ve ardından gelişen immün yanıt çeşitli patolojik mekanizmaları başlatır ve birçok farklı ve nadir görülen akciğer hastalığına yol açar. Bu hastalarda sigara maruziyeti sorgulanarak mutlak suretle sigaranın kesilmesi, hastaların yakın takibi önemlidir.

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