Bölüm 13

PARAPROTEİNEMİK VE PARANEOPLASTİK NÖROPATİLER

Aysel ÇOBAN TAŞKIN[1]

PARAPROTEİNEMİK NÖROPATİLER

Plazma hücreleri antikor ya da immünglobulin (Ig) üretebilen matür B hücreleridir. İmmünglobulinler iki hafif (kappa ve lambda) ve iki ağır (IgG, IgA, IgM, IgD, IgE) zincirden oluşur. Her plazma hücresi tek tip ağır zincir ve özgün bir antijen bağlanma bölgesi içeren spesifik bir immünglobulin üretir (1).

Monoklonal gammopatiler, tek bir ağır zincir ve tek bir hafif zincir tarafından oluşturulan M-proteinlerinin veya paraproteinlerin çoğalması ve birikmesi ile karakterizedir (2). En yaygın monoklonal gammopati IgG'dir, bunu IgM ve IgA takip eder (1). Monoklonal gamopatinin varlığı serum veya idrar protein elektroforezi ile taranarak saptanır. Serum immünelektroforezi ve immünfiksasyon elektroforezi, paraproteinin monoklonal yapısını doğrulayabilen daha hassas ölçümlerdir (2). Monoklonal gamopati saptanması halinde malignite değerlendirmek için daha fazla araştırma gerekir. Bence–Jones proteini tespiti için idrar toplanması, Ig konsantrasyonu, tam kan sayımı, böbrek ve karaciğer fonksiyonları, kalsiyum, fosfor, eritrosit sedimantasyon hızı, C-reaktif protein, laktat dehidrojenaz değerlendirilmesi için kan tetkiki, kemik iliği aspiratı, organomegali saptamak için fizik muayene ve karın ve göğüs bilgisayarlı tomografisi (BT) ve biyopsi gerekir. Kemik lezyonlarının araştırılması için radyografi endikedir, bazı merkezlerde düşük doz BT taramaları kullanılmaktadır, tüm vücut manyetik rezonans görüntüleme (MRG) de tercih edilmektedir (3).

Monoklonal proteinler genellikle periferik nöropatilerle birlikte görülür. Hem periferik nöropati hem de monoklonal gamopati genel popülasyonda nispeten yaygındır: periferik nöropatinin genel prevalansı %1,66 ile %3,9 arasındadır (4), monoklonal proteinlerin insidansı 50 yaşından büyük bireylerde %3.2, 70 yaşın-

[1] Uzm. Dr., İzmir Tepecik Eğitim ve Araştırma Hastanesi, Nöroloji Kliniği, ayselcoban@hotmail.com

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