BÖLÜM 2

MİKOZİS FUNGOİDESİN TARİHÇESİ VE ETYOPATOGENEZİ

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GİRİŞ

Kutanöz T hücreli lenfomalar (KTHL), kronik olarak enflamatuvar deri lezyonlarında malign T hücrelerinin birikmesi ile karakterize, heterojen ekstranodal, non-Hodgkin lenfoma grubudur. Mikozis Fungoides (MF), KTHL'nın en sık görülen tipidir. Gelişimi karmaşık yolaklarla açıklanmaya çalışılan MF'in etyopatogenezinde genetik, epigenetik, çevresel ve immunolojik faktörlerin bir arada rol oynadığı düşünülmektedir. Ancak şimdiye kadar spesifik bir neden belirlenememiştir.

MİKOZİS FUNGOİDES'İN TARİHÇESİ

Mikozis Fungoides (MF), ilk olarak 1806 yılında Fransız dermatolog Alibert tarafından yaws hastalığına (Ekvator frengisi) benzerliği nedeniyle 'yaws mantarı' anlamına gelen 'pian fungoide' olarak isimlendirilerek tanımlanmıştır. Daha sonra 1835 yılında tümöral lezyonların mantar şekline benzemesi nedeniyle ismi 'mikozis fungoides' olarak kullanılmaya başlanmıştır (Farber et al.,1957, Mahalingam et al., 2015, Willemze, 2018). Bazin tarafından 1870 yılında hastalığın seyrinin sırasıyla yama-plak ve tümör evreleri şeklinde ilerlediği tariflenmiştir (Willemze, 2018, Willemze et al., 2006.).

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rin protümürijenik özellik gösterdiği düşünülmektedir (Pileri et al., 2021). İleri evre MF lezyonlarında immunsupresif hücre özelliği gösteren MDSH sayısı ve aktivitesinde artış saptandığı bildirilmektedir. Regülatuvar T ve B hücrelerinin fonksiyonları, MF/SS'da halen tam olarak anlaşılamamıştır.

SONUÇ

MF ve SS'nun etyopatogenezi ile ilişkili yapılan çok sayıda çalışmadan elde edilen ve giderek artan kanıtlar, malign, stromal ve epidermal etkileşimlerin, hastalığın patogenezinde önemli bir rol oynadığını göstermektedir. Tümör hücreleri, keratinositler ve fibroblastlar arasındaki karmaşık sinyal ağları, STAT proteinlerinin malign aktivasyonu, Th2 baskın enflamatuvar bir mikroçevrenin gelişimi, tümör dokusunun neovaskülarizasyonu ve deride yapısal değişiklikleri içeren çeşitli patolojik süreçleri besleyebilir. Bu süreçlerin farklı yolaklar aracılığıyla antitümör reaksiyonları engellerken, malign proliferasyonu ve hastalığın yayılımını kolaylaştırabildiği düşünülmektedir (Stolearence et al., 2020, Krejsgaard et al. 2017). Bununla birlikte KTHL'nın patogenezinin daha net anlaşılabilmesi için ileri çalışmalara gereksinim olduğu açıktır.

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