

BÖLÜM

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GELECEK: İLERİ EVRE MİKOZİS FUNGOİDES VE SEZARY SENDROMUNDA KULLANILABİLECEK TEDAVİ AJANLARI

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GİRİŞ

Kutanöz T hücreli lenfomalar (KTHL), non-Hodgkin lenfomaların (NHL) klinik ve patolojik olarak heterojen bir grubu olup nadir olarak görülürler. Mikozis fungoides (MF) KTHL'in en sık alt tipi olup olguların yaklaşık %60'ını oluşturur(Willemze, 2003). Genellikle yıllar içinde yavaş progresyonla indolan seyirli olmakla birlikte bazı olgularda tümöral evre lezyonları ya da eritrodermi ortaya çıkabilir. Kötü prognozlu seyreden bu olgularda visceral organ ve lenf nodları tutulumu izlenebilir(Trautinger et al., 2017). Erken evre MF (Evre1 ve 2A) iyi prognoza (Ortanca hayatta kalım:15.8 yıl) sahipken, ileri evre hastalık kötü prognoza (Ortanca hayatta kalım:4.7 yıl) sahiptir(Trautinger et al., 2017). Erken evre MF tedavisinde deriyi hedef alan tedaviler (Topikal steroidler, topikal beksaroten, topikal mekloretamin, fototerapi, lokalize radyoterapi, elektron bombardıman tedavisi...) ön plana çıkarken ileri evre hastalıkta sistemik tedavilerin kullanımı gerekmektedir. İleri evre hastalıkta sistemik retinoidler, interferon-alfa, metotreksat, gempisitin ya da pegile lipozomal doksorubisin ile monokemoterapi, polikemoterapi (CHOP) uzun yıllardır kullanılmaktadır(Kempf & Mitteldorf, 2021). Son yıllarda ise mogamulizumab (Tümöral T lenfositlerin yüzeyinde eksprese edilen C-C kemokin reseptör 4'ü inhibe eden humanize IgG1 yapısında monoklonal antikor), brentüksimab vedotin (şimerik monoklonal anti-CD30 antikor ve ilaç konjüğü olup hücre siklusunda arrest ve apoptozis yoluyla antitümöral etkinlik) ve alemtuzumab (Malign T lenfositlerin yüzeyinde eksprese olan CD52 antijenini hedef alan humanize IgG1 yapısında antikor) gibi monoklonal antikorlar ileri evre MF ve sezary sendromu

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SONUÇ

KTHL çoğu zaman indolan seyirli ve iyi prognozlu seyretmekle birlikte ileri evre olduğunda tedaviye dirençli, rekürren ve kötü prognozlu olmaktadır. Allogeneik kök hücre nakli dışında da kür söz konusu değildir. Çoğu mevcut tedavide sık nüks ve düşük etkinlik elde edilmektedir. İleri evre hastalıkta amaç palyasyon olup eldeki tedavi seçeneklerini basamaklı şekilde kullanmak önemlidir. Ufukta çok sayıda yeni ve gelişmiş tedavi seçeneği görünmektedir. Yeni tedavi seçeneklerinin her geçen gün artması klinsiyenlerin elini daha da güçlendirecektir.

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