

PEDİATRİK HEMATOLOJİ VE KİT HASTALARINDA NÖROLOJİK BULGULAR

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GİRİŞ

Çocuk hematoloji ve kemik iliği transplantasyonu hastalarında nörolojik bulgu ve belirtilere sık rastlanmaktadır. Nörolojik bulgular, hematolojik hastalıkların tanısı anında ilk belirti olarak ortaya çıkabileceği gibi, hematolojik hastalıkların tedavisi için kullanılan ilaçların, hedefe yönelik ilaçların veya palyatif bakım için kullanılan ilaçların yan etkisi olarak da görülebilir. Çocukluk çağında, birçok selim-habis hematoloji ve kemik iliği transplantasyonu hastasında nörolojik belirti ve bulgular saptanır.

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İnsan herpes virüs 6 (HHV-6) reaktivasyonu: Neredeyse popülasyonun tamamı tarafından çocuklukta geçirilen bir enfeksiyona yol açan HHV-6'nin reaktivasyonu allojenik KİT yapılanların yarısına yakınında görülmekte olup vireminin genelde KİT sonrası 2 - 4. haftada saptandığı, konfüzyon, anterograd amnezi, nöbetler, BOS ve MR bulguları ile doğrulanabilen bir ensefalit ve zaman zaman da delirium ile ilişkisi gösterilmiş bir durumdur.²⁵

JC polyomavirus (JCPyV) merkezi sinir sistemi içinde replike olarak subkortikal alanlarda ciddi demiyelinazasyona yol açarak Progresif Multifokal Lökoensefalopati tablosuna ve daha nadiren serebellum içinde demiyelinazasyon sonucu da granül hücre nöronopatisine yol açabilir. Genelde nöbetler, bilinç bulanıklığı, görme alanı defektleri, güçsüzlük, hemiparezi, monopareziler ve ataksileri de içeren subakut nörolojik bozukluklarla seyredir.²⁶

Geç Dönem (6 ay sonrası): KİT hastalarının geç dönem nörolojik komplikasyonları; Graft versus host hastalığı'nın (GVHD) merkezi veya periferik sinir sistemi tutulumu, hastalık ilişkili relaps veya sekonder malignite gibi durumlara bağlı olabilir. GVHD'nin nörolojik tutulumları geniş bir spektrum olmakla beraber genelde immünsupresif tedavilerin azaltılmaya başladığı anda ortaya çıkan miyasteni, kronik inflamatuvar demiyelinizan hastalık ve polimiyozit ilişkili durumlara örnek verilebilir.²⁷

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