

BÖLÜM 7

Kanser Hastalarında Viral Enfeksiyonlar

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GİRİŞ

Son birkaç yıldır yapılan çeşitli çalışmalara göre, insan popülasyonunda bağışıklık korumasının azalmasına yönelik bir eğilim incelenmektedir. Yirminci yüzyılın ikinci yarısında, daha yoğun antitümör tedavisi, transplantasyonlar ve immünosupresörlerin birlikte uygulanması ve HIV salgını nedeniyle immün sistemi baskılanmış bireylerin sayısı hızla artmaktadır. Çoğu vakada Epstein-Barr virüsünün (EBV) neden olduğu post-transplant lenfoproliferatif hastalık (PTLD) ve Sitomegalovirüsün (CMV) neden olduğu pnömoni gibi yeni sendromlar ve hastalıklar ortaya çıkmaktadır. Bu süreçte yer alan diğer virüsler Herpes simpleks virüsleri (HSV1, HSV2), Varicella zoster virüsü (VZV), Hepatit B virüsü (HBV), Hepatit C virüsü (HCV) ve İnsan Poliomavirüsleridir (BKV, JC).

Tüm Dünyada, özellikle son on yılda sürekli ve ani bir şekilde ciddi sağlık sorunlarına yol açan virüslerle karşı karşıya kaldık. Bu durum özellikle çeşitli nedenlerle immün sistemi baskılanmış (İB) bireylerde oldukça büyük problemlere yol açmıştır. İmmün sistemi baskılanmış (İB) bireyler, enfeksiyöz ajanlara karşı değişen duyarlılık ve bunlarla mücadele etme kapasitesindeki bozulma nedeniyle, olası kritik klinik seyir ve nihai uzun vadeli sekellerle birlikte, genel popülasyona kıyasla enfeksiyöz hastalıklar açısından artmış morbidite ve mortalite riski taşıyan heterojen bir pediatrik ve yetişkin hasta grubunu temsil etmektedir (1). İB hastaların azalmış immün reaktivitesi altta yatan hastalığın kendisine (örn. hematolojik malignite, solid tümörler, konjenital immün yetmezlik, düşük CD4

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geliştirilmiş ve kalıcı olarak tamamlanmıştır. Bağışıklık sistemi baskılanmış hastalar hastanelerde nozokomiyal enfeksiyonlardan ve toplumda enfeksiyonlardan çok sık etkilenmektedir. Bu nedenle, hastalıkların alevlenmesini önlemek ve uygun tedaviyi sağlamak için doğru tarama ve hızlı ve kesin tanı yapılabilir.

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