

# 18. Bölüm

## BÖBREK NAKLİ SONRASI HEMATOLOJİK SORUNLAR

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Böbrek nakli, son dönem böbrek yetmezliği tedavisinde, gerek hastanın yaşam süresi, gerekse yaşadığı hayatın kalitesi itibarıyla çok büyük üstünlüklere sahiptir. Ancak nakil sonrası dönemde bu hastaların çeşitli hematolojik sorunlarla karşılaşabilmekte oldukları da bilinmektedir. Olası hematolojik hastalıkların sebepleri, patogenetik ve klinik özellikleri ile birlikte tedavi stratejilerinin de bilinmesi büyük önem taşımaktadır. Etiyolojik olarak nakil sonrası dönemde gelişen kan hastalıklarının iki temel etkeni immünsupresif ilaç tedavileri ve viral enfeksiyonlar olarak sayılabilir. Sıklıkla karşılaşılan hematolojik sorunlar; post-transplant sitopeniler, post-transplant ve post-transplant lenfoproliferatif hastalık iken, daha nadir fakat hayatı tehdit edebilen trombotik mikroanjiyopati, hemofagositik sendrom ve tedavi ilişkili lösemi gibi komplikasyonlar da görülebilmektedir. Bu bölümde, en sık karşılaşılan nakil sonrası hematolojik sorunlar tüm yönleriyle tartışılmış, bunun yanı sıra nadir görülen ancak hayatı tehdit eden durumlara da yer ayrılmıştır.

### 1. SİTOPENİLER

Nakil sonrası dönemde tek bir serinin hücre sayımında düşme olabileceği gibi birden fazla seride de düşme söz konusu olabilir. Lökosit, trombosit ve eritositler serinin hep birlikte azalması “**pansitopeni**” olarak ifade edilir. Post-transplant pansitopeninin en sık sebeplerinden biri parvovirus B19 enfeksiyonudur (1). Bu enfeksiyon izole anemi, pansitopeni veya allograft yetmezliği ile başvuran hastalarda mutlaka hatırlanmalıdır. Bir diğer önemli neden Hemofagositik Sendrom

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ler hastalıklar, böbrek allograft disfonksiyonu veya kaybı, kronik böbrek hastalığı vb) hayati öneme sahiptir. Tedavi stratejileri; immünsupresif tedavinin doz azaltılması/daha az miyelotoksik bir ajan ile değiştirilmesi, enfeksiyöz etkenlerin tedavisi, kemik iliği baskısını ve periferik kan sayımlarını düzeltmek, hematolojik tablonun ilerlemesini geciktirmek, böbrek graft sağkalımını arttırmak ve altta yatan komplikasyonları tedavi etmek üzerine kuruludur. Günümüzde, böbrek nakli alıcılarında miyelotoksisiteye neden olmayan yeni nesil immünsupresif ajanların geliştirilmesi acil bir ihtiyaçtır. Miyelotoksisitesi olmayan yeni immünsupresif ilaçlar, böbrek nakli sonrası hematolojik sorunların insidansını azaltma ve uzun süreli böbrek graftının sağkalımını geliştirme potansiyeline sahip olacaktır. Nadiren hematopoetik kök hücre naklinin de, gelişen bazı dirençli hematolojik komplikasyonlar için potansiyel olarak iyileştirici bir tedavi seçeneği olabileceği de akılda bulundurulmalıdır.

**Anahtar Kelimeler:** Böbrek nakli, Hematolojik hastalıklar, Sitopeni

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