

SOLİD ORGAN VE HEMATOPOİETİK HÜCRE TRANSPLANTASYONU İLE İLGİLİ GASTROİNTESTİNAL VE HEPATİK KOMPLİKASYONLAR

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SOLİD ORGAN TRANSPLANTASYONU KOMPLİKASYONLARI

Solid organ transplantasyonu (SOT) sonrası hastaların yaklaşık üçte birinde; fırsatçı enfeksiyonlar, greft disfonksiyonu, ilaç yan etkileri veya malignite ile ilişkili gastrointestinal problemler gelişebilir (1). İmmünsüpresyon enfeksiyonlara ve maligniteye zemin hazırlayabilir. Gastrointestinal enfeksiyonlar, nakilden perioperatif zamana, erken (1-6 ay) veya geç (6 aydan fazla) zamana göre kategorize edilebilir (2). İlk 6 ayda viral, fungal ve paraziter enfeksiyonlar yaygındır; Herpes virüs enfeksiyonları en sık görülenlerdir. Enfeksiyon riskini azaltmak için profilaktik tedaviler (anti mikrobiyal, anti viral ve anti fungal) kullanılabilir. Ayrıca enfeksiyona benzer bulgular gösteren enfeksiyöz olmayan komplikasyonlar da ortaya çıkabilir (3).

Sitomegalovirüs (CMV), SOT alıcılarında en sık viral enfeksiyon olmaya devam etmektedir, dünya genelinde yaygınlığı %95'in üzerindedir (4). Profilaksi uygulanmadığında, seropozitif alıcıların yarısında viremi gelişir, bu da greft reddine, greft ömrünün kısalması ve mortalitenin artmasına yol açar (5). CMV enfeksiyon riskini artıran faktörler

arasında anti-lenfosit antikor kullanımı, yüksek doz mikofenolat mofetil (MMF) tedavisi, donör ve alıcı uyumsuzluğu, greft reddi ve ko-enfeksiyonlar yer alır. CMV enfeksiyonları genellikle nakilden 4-6 ay sonra, antiviral profilaksi kesildikten sonra pik yapar. Enfeksiyon, asemptomatik viremi, CMV sendromu (ateş, halsizlik, lökopeni, nötropeni, atipik lenfositoz, aminotransferaz yüksekliği) ya da doku invaziv hastalık (gastrointestinal (Gİ) ve hepatobiliyer tutulum, pnömoni, retinit) olarak kendini gösterebilir (6,7). Aktif hastalık, CMV DNA, antijen, kültür, histopatoloji ve immünolojik testlerle belirlenebilir. Ancak son organ hastalığı varsa, virüs kan dolaşımında saptanamayabilir ve CMV bağırsak veya karaciğer biyopsi dokusunda gösterilebilir (8). Enfeksiyonları önlemede iki ana yöntem, geniş kapsamlı profilaksi ve pre emptif tedavidir. CMV profilaksisi, CMV reaktivasyonu riski yüksek olan kişilere bir anti-CMV ilaç verilmesini ifade eder (CMV Donör+/Alıcı-, Donör+/Alıcı+, Donör-/Alıcı+), preemptif tedavi ise yalnızca CMV replikasyonunun kanıtı olduğunda (PCR, CMV antijenemi veya serumda CMV nükleik asitlerinin saptanması) bir anti-CMV ilaç verilmesini ifade eder. Tedavi için kullanılan gan-siklovir, valasiklovir ve valgansiklovir enfeksiyon

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Pankreas Hastalıkları

Akut pankreatit, uzun süreli HHT sağ kalanlarda oldukça nadirdir ve çoğu vakada ya safra taşı ile ilişkilidir ya da (nadiren) takrolimus ile ilişkili pankreatik hasara bağlıdır. HHT sonrası BT veya MRG ile tespit edilen pankreas atrofisine bağlı pankreatik yetmezlik tanımlanmıştır.

Aşırı Demir Yüklemesi

Sekonder demir yüklemesi, inefektif eritropoezde tekrarlayan transfüzyonlar ve artmış intestinal demir emilimiyle oluşur. Yüksek demir birikimi özellikle kalbi etkiler, çoğunlukla kardiyak komplikasyonlar morbiditeye yol açar. Demire özgü MRG teknikleri karaciğer dışında kalp, hipofiz, pankreas ve tiroiddeki demir birikimini de ölçebilir. HHT sonrası demir birikiminin uzun vadeli etkileri, talasemi için nakledilen hastalar dışında tam incelenmemiştir, ancak yüksek demir yükü kardiyak ölüm oranlarını artırabilir ve bu durum HHT'den sağ kalanlar için morbidite ve relapsız mortalite riski oluşturabilir (125,126).

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