BÖLÜM 65

KOLON POLİPLERİ VE POLİPOZİS SENDROMLARI

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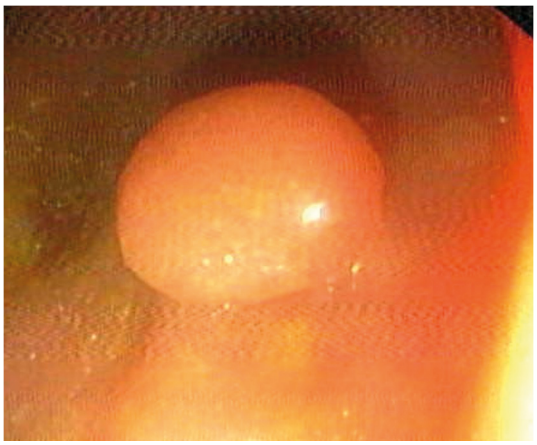
İNFLAMATUAR POLİPLER

İnflamatuar polipler; stromal, epitelyal bileşenler ve inflamatuar hücrelerden oluşan mukozanın genellikle neoplastik olmayan intralüminal lezyonlarıdır (Resim 1). İnflamatuar polipler; inflamatuar psödopolipleri ve prolapsus tipi inflamatuar polipleri içerir.

1. **İnflamatuar Psödopolipler:** Lokalize veya yaygın enflamasyona (örn. ülseratif kolit veya crohn hastalığı) yanıt olarak ortaya çıkan mukozal ülserasyon ve rejenerasyonun sonucu olan, sağlam kolonik mukozanın düzensiz şekilli adalarıdır. İnflamatuar polipler saplı veya sapsız olabilir ve genellikle 2 cm'den küçüktür.

İnflamatuar bağırsak hastalığı olan hastalarda psödopolipler genel olarak çok sayıdadır, sıklıkla filiformdur. Ayrıca yakın zamanda inflamasyonun olduğu bölgelerde daha izole, yarı saplı ve tepelerinde mukus yapışık olabilir. İnflamatuar psödopolipler, iltihaplı lamina propria ve bozulmuş kolonik epitel karışımından oluşur; yüzey erozyonları mevcut olabilir.

İnflamatuar psödopolipler neoplastik dönüşüme genellikle uğramaz. Psödopoliplerin kümeler halinde mevcut olduğu durumlarda biyopsi yapılan bölgeye dikkat edilmelidir. İnflamatuvar psödopolipler semptomlara (örneğin kanama, tıkanma) neden olmadıkça eksizyon gerektirmez. Tedavi inflamasyonun altında yatan nedene yöneliktir.



Resim 1. *İnen kolonda inflamatuar polip.*

2. **Prolapsus Tipi İnflamatuar Polip:** Prolapsus tipi inflamatuar polipler, peristaltizm kaynaklı travmanın neden olduğu, mukozanın çekilmesi ve bozulmasından kaynaklanır. Bu lokalize iskemi ve lamina propria da fibrozis ile sonuçlanır. Prolapsusa bağlı inflamatuar poliplerin

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hipoalbüminemi görülür (176). CCS'deki pigmentasyon yaygın veya fokal olabilir; sıklıkla uzuvları, yüzü, boynu ve bazen de dudakları etkileyebilir (177). CCS sıklıkla hem üst hem de alt sindirim sistemini etkiler, genellikle özofagusu etkilemez (178); polipler genellikle sesildir. Az sayıda hastaya membranöz nefropati, otoimmün pankreatit, sistemik lupus eritematoz, vitiligo, romatoid artrit, skleroderma, hipotiroidizm ve erişkin başlangıçlı Still hastalığı gibi diğer otoimmün hastalıklar eşlik edebilir (179). Bu durum CCS' nin genel olarak otoimmün mekanizmalarla ilişkili kronik inflamatuar bir hastalık olabileceği ve ANA pozitifliğini, (180) kan dolaşımındaki IgG4 seviyesinin artması, (181) poliplerin IG G4 infiltre edilmesi bu durumu desteklemektedir. IgG4-pozitif plazma hücrelerinin varlığı immünosüpresif tedaviye daha iyi yanıt alacağının göstergesidir (182).

CCS'nin tipik bir patolojik polip türü yoktur ve hastalarda 4 histolojik polip türü bulunmuştur: hiperplastik, adenomatöz, jüvenil ve inflamatuar (183)Poliplerin yaklaşık %12,5'inin malign dönüşüme uğradığının bildirilmesi, bu hastaların yakından izlenmesi gerektiğini vurgulamaktadır (184)

Patogenezi bilinmediğinden CCS'nin spesifik bir tedavisi yoktur. Son yıllarda glukokortikoid bazlı immünsüpresif tedavi giderek ana tedavi seçeneği haline geldi.

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