



BÖLÜM 2

Trombopoetin: Biyolojisi ve Potansiyel Klinik Alandaki Durum ve Uygulamaları

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Biyolojisi

Trombopoetin (TPO) megakaryosit ve trombosit yapımını MPL reseptörü (TPO-R) üzerinden regüle eden glikoprotein yapısında bir sitokindir. MPL reseptörü 1992’de (1) TPO 1994’de tanımlanmıştır (2, 3). TPO ana olarak karaciğerde, daha az olarak kemik iliği ve böbrek parankim hücrelerinde 353 aminoasit olarak sentez edilir (4). 153 aminoasitlik eritropoetin ile benzer domain (TPO153) ihtiva eder (5). TPO reseptörleri trombositler, megakaryositler, CD34+ öncül hücrelerde bulunur (6). Megakaryositlerin sayısında artışı, apoptozunun azalmasını ve matürasyonununu sağlar (7). TPO selüler etkisi JAK, STAT ve MAP kinaz üzerinden olur. TPO etkisi ile ilk 4 gün kemik iliğindeki megakaryosit sayısı artar fakat dolaşımdaki trombosit sayısı değişmez. Beşinci gün trombosit sayısında artış olmaya başlar, TPO verilmeye devam edilirse 8-12. günde trombosit sayısı platoya ulaşır. TPO uygulaması kesildikten sonra trombosit sayıları 10 günde normale döner (8, 9).

Hepatik TPO sentezi, özel bir düzenlemeye tabii değildir ve daha çok üretilen TPO’nun klirensi üzerinden regüle edilir (10). TPO klirensi trombositler üzerindeki c-mpl reseptörüne bağlanması ile olmaktadır. Trombosit sayısı arttığında TPO düzeyi düşer (11). TPO düzeyleri aplastik anemide belirgin artarken immün trombositopenide (ITP) daha az artmıştır (12, 13). TPO ana olarak karaciğerde üretildiği için karaciğer yetersizliklerinde düzeyi düşer. Bu hastalarda trombositopeni, hipersplenizm ve TPO azalmasına bağlı görülür (14).

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