BÖLÜM 10
İlaca Bağlı Trombositopeni

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Platelet olarak da adlandırılan trombositler kemik iliği megakaryositlerinden sentezlenir ve 7-10 gün kaldıkları dolaşıma salınır. Trombositopeni, periferik kandaki normal trombosit sayısı dağılımının 2.5. alt persentil değeri olan 150 ×109/L'nin altındaki trombosit sayısı olarak tanımlanır (1). Trombositopeninin kemik iliği üretiminde azalma, tüketim artışı, yıkım artışı, dalak sekestrasyonu veya bu nedenlerin bir kombinasyonu gibi çok sayıda konjenital ve edinsel nedeni vardır (2). Trombosit sayısında azalmayı tetikleyebilecek birçok bozukluk arasında, ilaca bağlı trombositopeni (İBT) özel bir odaklanmayı hak ediyor. İBT; gıdalar, içecekler, bitkisel ilaçlar ve besin takviyeleri dahil olmak üzere çok çeşitli ilaç ve bileşenlerin uygulanmasından sonra ortaya çıkabilir (3). İBT'de çok sayıda ilaç belirlenmiş olmasına rağmen, altta yatan patogenetik mekanizmalar temel olarak iki ana kategoriye ayrılır: trombosit üretiminin baskılanması ve periferik trombosit yıkımı veya klirensinde artış (Tablo-1).

Tablo-1: İlaca bağlı trombositopeni mekanizmaları
Kemik iliği baskılanması veya megakaryosit hasarı
Tüm hematopoietik **hücre dizilerinde veya** megakaryosit soyunda sitotoksik miyelosupresyon
Hücre matürasyonu ile çatışma (megakaryopoez)
Megakaryosit proapoptotik etki
Periferik trombosit yıkımında artış
Non-immün IBT

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