

BÖLÜM 12

Neonatal Alloimmün Trombositopeni

Nilgün EROĞLU¹

Giriş

Fetal ve neonatal alloimmün trombositopeni (FNAİT), nadir görülen ancak hamilelikte şiddetli seyredabilen hastalıklardandır. FNAİT, hamilelikte maternal alloimmünizasyon sonrası trombositopeni ile sonuçlanıp, fetus ve yenidoğanda kanamaya neden olabilir. Klinik tablo asemptomatik trombositopeniden, cilt kanamaları ve ciddi organ kanamalarına kadar değişebilir. En ciddi komplikasyon, perinatal ölüme veya yaşam boyu nörolojik sekele yol açabilen intrakraniyal kanamadır (İKK) (1). FNAİT, 1500 gebelikte 1 oranında görülme sıklığı ile sağlıklı yenidoğanlarda trombositopeninin en sık nedenidir (2).

Patogenez

FNAİT, baba kaynaklı fetal human platelet antijen (HPA)'e maternal maruziyet sonrası immünizasyon ve alloantikor oluşumu ile gerçekleşir. Hamilelik sırasında, immünglobülin G (IgG) anneden fetusa transplasental geçer ve neonatal Fc reseptörlerine (FcRn) bağlanır (3,4). Bu nedenle IgG sınıfı HPA alloantikorları fetal trombositlere bağlanarak fetal trombositlerin fagositozuna ve bu bebeklerde trombositopeniye ve kanama riskine yol açar (5,6). Trombositopeni; sadece plateletlerin tahrip edilmesinden kaynaklanmaz, aynı zamanda megakaryositler tarafından trombosit üretiminin baskılanmasına da neden olur (7).

¹ Dr. Öğr. Üyesi, Afyonkarahisar Sağlık Bilimleri Üniversitesi Tıp Fakültesi, Çocuk Hematoloji Onkoloji, dr-nilguner@hotmail.com

Sonuç

FNAİT, 10.000 gebeliğin 1'inde fetal İKK'ye neden olur. Antenatal, non-in-vazif tedavi stratejileri günümüzde daha düşük intrauterin komplikasyon riski taşıdıkları için tercih edilen tedavi olarak görülmektedir. Yüksek riskli FNAİT'de antenatal IVIg tedavisi 12-18. Gebelik haftalarında yüksek doz kullanılarak başlatılmalıdır. Standart riskli FNAİT'de antenatal IVIg, daha düşük bir dozaj kullanılarak 20-28. Gebelik haftaları arasında başlatılmalıdır. Doğum sonrası tedavi stratejileri, şiddetli trombositopeni durumunda, hangisinin daha kolay mevcut olduğuna bağlı olarak HPA seçilmiş veya seçilmemiş trombosit transfüzyonlarından oluşur. Profilaktik transfüzyon için optimal eşik bilinmemektedir ve ülkeler arasında değişiklik gösterir. FNAİT'in doğal seyri ve uzun vadeli nörogelişimsel sonucu değerlendirmek için daha fazla çalışmaya ihtiyaç vardır. FNAİT'in önlenmesi anahtar rol oynamaktadır ve doğum öncesi tarama ile sağlanabilir. Ulusal tarama programlarının uygulanması, bu ciddi hastalığın yükünü muhtemelen büyük ölçüde azaltacaktır.

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