



BÖLÜM 15

Trombosit Transfüzyonu: Endikasyon ve Yan Etkiler

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Giriş

Trombositler, vasküler hasara verdiği yanıtla hemostazda ayrılmaz bir rol oynar. 1950’li yıllardan sonra lösemi tedavisinde kemoterapinin şiddetli ve ölümcül hemorajik komplikasyonları incelendiğinde trombosit transfüzyonunun (TT) önemi daha iyi anlaşılmıştır (1). O zamandan beri, trombosit konsantrelerinin kullanımı artsa da trombosit bileşenlerinin optimum şartlarda hazırlanması, depolanması ve TT’nun endikasyonları, güvenliği ve etkinliği ile ilgili bir dizi soru ortaya çıkmıştır (2,3).

Günümüzde TT’ları, malign hematolojik hastalıklara bağlı ve/veya bu hastalıkların tedavisi sırasında, kök hücre nakli sonrasında trombosit engraftmanı oluşana kadar, aplastik anemi ve myelodisplastik sendrom gibi kemik iliği yetmezliği olan trombositopenik hastaların destekleyici tedavisinin önemli bir parçasıdır. Ek olarak, Glanzman trombastenisi, Bernard-Solier Sendromu (BSS) gibi doğuştan ve kazanılmış (ilaç ilişkili) trombosit fonksiyon bozukluklarında TT yoluyla kanamalar önlenabilir. Trombosit konsantreleri beş günlük kısa raf ömrü nedeniyle az bulunan bir kaynaktır.

Bu bölümde TT’nun endikasyon ve kontrendikasyonları ile birlikte transfüzyon sırasında gelişebilecek reaksiyonları açıklayacağız.

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Sonuç

Trombosit transfüzyonları birçok klinik ortamda oldukça etkilidir. Öte yandan, transfüzyon reaksiyonlarının oranı oldukça yüksektir: NHFTR'ler ve "alerjik" reaksiyonlar %20-30'a varan sıklıklarda gözlenir. Bu reaksiyonların çoğu tehlikeli olmamakla birlikte hastaya rahatsızlık verir. Alıcıdaki alloantikolar ateşli reaksiyonların sadece bir alt kümesine neden olur. Pre-medikasyonla ateşli ve anafilaktik reaksiyonları bastırma girişimleri genel olarak başarılı olmamıştır. Trombosit konsantreleri ile ilgili nadir fakat tehlikeli transfüzyon reaksiyonları arasında TRALI, bakteriyel olarak kontamine ürünlerin neden olduğu septik komplikasyonlar ve hemolitik transfüzyon reaksiyonları bulunur.

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