

## Accepted Manuscript

Title: TAFRO SYNDROME: CRITICAL REVIEW FOR CLINICIANS AND PATHOLOGISTS

Author: Semra Paydas

PII: S1040-8428(17)30367-0

DOI: <https://doi.org/10.1016/j.critrevonc.2018.05.015>

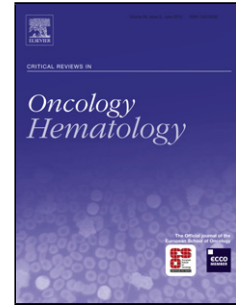
Reference: ONCH 2562

To appear in: *Critical Reviews in Oncology/Hematology*

Received date: 30-7-2017

Revised date: 11-2-2018

Accepted date: 24-5-2018



Please cite this article as: Semra P, TAFRO SYNDROME: CRITICAL REVIEW FOR CLINICIANS AND PATHOLOGISTS, *Critical Reviews in Oncology / Hematology* (2018), <https://doi.org/10.1016/j.critrevonc.2018.05.015>

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

# **TAFRO SYNDROME: CRITICAL REVIEW FOR CLINICIANS AND PATHOLOGISTS**

**Semra Paydas MD Prof**

**Cukurova University Faculty of Medicine Department of Medical Oncology**

**ADANA/TURKEY**

**Address for correspondence: Cukurova University Faculty of Medicine Department of Medical Oncology**

**ADANA/TURKEY**

**E mail: sepay@cu.edu.tr**

## **1. Abstract**

TAFRO is an acrostic and includes thrombocytopenia (T), anasarca (A), fever (F), reticulin fibrosis (R) and organomegaly (O) (Takai K, et al 2013). TAFRO syndrome has been described firstly by Takai in Japanese patients. However TAFRO cases have been reported from US, Europe and other countries (Takai K, et al 2010; Iwaki N et al, 2016; , Abdo LA et al, 2014). Three major and at least one minor criteria and exclusion of infectious, rheumatologic and neoplastic diseases are required for the diagnosis of TAFRO. In fact TAFRO must be thought in clinically undiagnosed and unsolved problematic cases.

## **2. Differences and similarities of Castleman Disease and TAFRO syndrome**

Castleman Disease (CD) has been described by Benjamin Castleman et al in 13 asymptomatic cases with mediastinal mass in 1956 (Castleman B, et al 1956). Today CD is a group of diseases showing several clinico-pathologic/serologic characteristics and should be considered in differential diagnosis of hematologic, oncologic, rheumatologic, and infectious disease, . According to the involvement patterns, CD is classified as unicentric CD (UCD) and multicentric CD (MCD).

The etiologic factor in some cases with MCD is Human Herpes Virus-8 (HHV-8) or Kaposi Sarcoma associated Herpes Virus (KSHV-8). KSHV-8 is driver for hypercytokinemia in immunodeficient state and this is named as HHV-8 associated MCD. Idiopathic MCD (iMCD) term is used for HHV-8 negative cases and accounts for one third to one half of the cases with MCD. There is a significant overlap with malignant, autoimmune and infectious diseases

Download English Version:

<https://daneshyari.com/en/article/8733557>

Download Persian Version:

<https://daneshyari.com/article/8733557>

[Daneshyari.com](https://daneshyari.com)