

## Bölüm 43

# SANTRAL SİNİR SİSTEMİ TÜMÖRÜ TANILI HASTALARDA NÖROKOGNİTİF DEĞERLENDİRME

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### GİRİŞ

Nörokognitif değerlendirme yüksek kortikal fonksiyonların değerlendirilmesi ile gerçekleştirilir. Santral sinir sistemi (SSS)'nin basit fonksiyonları duyuşal, algısal, motor ve otonomik fonksiyonları temsil ederken yüksek kortikal fonksiyonlar hafıza, dil becerileri, dikkat, praksi, görsel mekansal işlevler ve yürütücü işlevler gibi özel beyin sistemlerinin fonksiyonlarını temsil eder.

Kognitif işlevleri inceleyen davranış nörolojisi algı ve hareket arasındaki köprüde olanları anlamaya yöneliktir. Bu köprünün hasarı basit motor ve duyuşal defisitlerin yanında amnezi, afazi, agnozi, yürütücü işlevlerde bozukluklar, görsel-mekansal bozukluklar ve unilateral mekansal ihmal sendromları şeklinde örnekler verilebilen kognitif bozukluklara sebep olabilir.

#### *Amnezi*

Bilginin işlenmesi, depolanması ve istendiğinde geri çağırılması yeteneğine bellek denir. Bellek kaybına amnezi (hatırlayamama) amnezi, bunu yaşamış kişiye amnestik denir. Bellek üç zamansal evreye ayrılmıştır. İlki anlık bellektir ve kişi farkında olmadan aklında tutabildiği bilgi miktarını ifade eder, sol frontalde lezyona bağlı afazili bir hastada anlık bellek bozuklukları sıklıkla görülür. İkinci sırada kısa süreli (epizodik) bellek vardır ve kaydedilen bilginin birkaç dakika veya saat sonra geri çağırılabilmesidir. Hem depolama hem de geri çağırma işlemini hipokampus ve parahipokampal gyrus, mamiller cisimcikler, anterior talamik çekirdekler ve frontal lobun singulat girusu (papez halkası) kullanarak yapar. Dolayısıyla medial frontal, talamus veya temporal loba ait tümörlerde sıklıkla amnezi

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hastaların kalan yaşam kalitesini arttırarak kaliteli bir şekilde hayatta kalmalarına olanak sağlayabilir [13].

## SONUÇ

Kafa karışıklığına neden olan bir durum olarak beyin tümörlerinin kendisinin ve cerrahi, RT, KT gibi tedavi stratejilerinin bilişsel fonksiyonlar üzerinde oluşturabileceği bozuklukların yanında tümör tedavisinin ve tümör çevresindeki ödem tedavisinin kognitif fonksiyonları iyileştirebileceği de bilinmektedir. Çoğu hastada tümörün ve tedavisinin neden olduğu bilişsel bozulmanın geriye döndürülmesi kolay değildir. Bu konuda özellikle en çok üzerinde durulan konu radyoterapidir. Mümkün olan en düşük dozda, en kısa sürede ve mümkün olan en az alana uygulanacak RT oluşabilecek komplikasyonları en aza indirecektir. RT alırken dikkat edilecek birkaç konu da hastanın komorbiditeleri, önceki alınan radyasyon, eş zamanlı kemoterapi tedavisi ve yaşıdır. Uygun görülen yaşlı hastalarda yüksek demans riski nedeniyle RT yerine sistemik kemoterapi düşünülebilir.

Bu hastalarda kognitif disfonksiyonun tedavisinde medikal tedaviler, eşlik eden duygudurum bozukluklarının tedavisi, hidrosefali gibi tümöre bağlı gelişen komplikasyonların tedavisi, bilişsel rehabilitasyon, meditasyon ve hiperbarik oksijen gibi tedavi seçenekleri denenmektedir.

Beyin tümörlü hastaların takibinde onkoloji, nöroloji, beyin cerrahı, psikiyatrist, radyasyon onkolojisi, fizyoterapist, nöropsikolog ve kanser hemşireliğini içeren multidisipliner bir ekip yer almalıdır.

**Anahtar Kelimeler:** Santral sinir sistemi tümörü, kognitif, bilişsel, disfonksiyon

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