Bölüm
**14**

# DİYABETİK NÖROPATİ

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## DİYABETİK NÖROPATİ

Diyabetik nöropati (DN), diabetes mellitus'un (DM) en sık görülen komplikasyonudur. Ciddi bir morbidite ve mortalite nedeni olup, DM tedavisinde büyük bir ekonomik yüke yol açar (1). Gelişmiş ülkelerde, nöropatinin en sık sebebi olup, tüm diğer diyabet komplikasyonlardan daha fazla hastane yatışına neden olur. Aynı zamanda, non-travmatik ampütasyonların %50-75'inin nedenidir (2). Diyabetik hastalarda kardiovasküler mortalitenin artmış olduğu, hastaların yaklaşık yarısının strok veya iskemik kalp hastalıklarından kaybedildiği bilinmektedir. Diyabetik nöropati, DM'ın mikrovasküler komplikasyonlarından biri olup, otonomik kardiovasküler değişikliklerden, diyabetik ayak ülserlerine kadar çok çeşitli problemlere yol açmaktadır. Diyabetik nöropatide ortaya çıkan nöropatik ağrı, uzun yıllar asemptomatik seyreden tip 2 diyabette, hastayı hekime getiren ilk semptomlardan biri olmaktadır.

Diyabetik bir hastada ortaya çıkan ve başka herhangi bir nedene bağlanamayan periferik sinir sistemi semptom ve bulgularına DN denir. DM'nin en sık görülen mikrovasküler komplikasyonu olmasına karşın çoğu hekim tarafından tanı kolaylıkla atlanabilir. Genellikle; non-spesifik bulgularla başlaması, yavaş progresyon göstermesi ve bir çok hastalıktaki şikayetlere karışabilmesi nedeniyle diyabet tedavisiyle uğraşan hekimlerin üçte biri tarafından DN tanısı atlanabilmektedir (3). Tam prevalans bilinmemek ile birlikte yapılan araştırmalarda DM'li hastaların %10-90'ında DN görüldüğü tespit edilmiştir. Prevalanstaki bu büyük farkın sebebinin, DN tanısı için yapılan araştırmalarda belirlenen kriter ve metotlardaki farklılıktan kaynaklandığı düşünülmektedir (4,5). Diyabet kliniklerine başvuran hastaların %25'inde DN semptomları mevcutken bu hastalarda tanıya

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ni, DM'de ortaya çıkan mikroanjiyopatiler ve dolaşım yetmezliğidir (63). Yaralar, sonrasında ülser, enfeksiyon, gangren ve son aşamada ampütasyona neden olabilir. Her ne kadar DN'ye bağlı his kaybı oluşsa da, büyük yaralar ve enfeksiyon, çok şiddetli ağrıya neden olur. Bu hastalarda hem beslenmenin iyileşmesi hem de ağrının azaltılması için lomber sempatik blokaj etkili bir tedavidir.

Epidural kateter ve hasta kontrollü analjezi, şiddetli alt ekstremite ağrısı olan DN'li hastalarda, kısa süreli rahatlatma amacıyla uygulanabilir, tercih edilebilir

**Spinal Kord Stimülasyonu:** Konuyla ilgili çok fazla prospektif, randomiza kontrollü çalışma olmamakla birlikte, özellikle, mikrovasküler yetersizliği ve ağrısı olan DN'de etkinliği gösterilmiştir (64).

Diyabetik nöropatiye bağlı vücudun farklı yerlerinde de tutulumlar söz konusu olabilir. Tedavi semptomatiktir, tutulan bölgeyeye yönelik işlemler yapılır. Torakal nöropatide torasik paravertebral blok, interkostal blok, serratus anterior bloğu, lokal enjeksiyonlar uygulanabilir (65). Abdominal tutulumda oluşan ağrılar için çölyak pleksus bloğu başarıyla uygulanmıştır (66). Ayrıca üst ve alt ekstremite periferik sinir blokları da DN'de ağrı kontrolü amacıyla kullanılabilirler. Elektrofizyolojik yanıtların bozulduğu bu hastalarda sinirleri görerek yapılan ultrason rehberliğinde bloklar uygulama kolaylığı açısından tercih edilebilir (67).

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