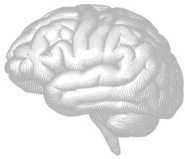
BÖLÜM 6



SPONTAN İNTRASEREBRAL KANAMALARIN ACİL YÖNETİMİ

Selim ŞEKER[1]

GİRİŞ

Spontan İntraserebral kanama (SİSK) dünyada her yıl yaklaşık 2 milyon insanı etkileyen en ciddi ve en az tedavi edilebilir inme şeklidir (1). Acil servise başvuran serebrovasküler olayların (inme) en sık ikinci nedenini oluştururken (%10-%20; ciddi mortalite ve morbidite nedenlerin başında gelmektedir ve inmeye bağlı görülen ölümlerin yaklaşık %49'unu oluşturmaktadır (2)(3). Ekonomik açıdan bakıldığında da hemorajik inme tedavisi iskemik inmenin çok üzerindedir (4). Klinik olarak iki çeşit hemorajik inme görülmektedir. Birincisi derin beyin yapıları (talamus, putamen) veya beyin sapı, serebellum gibi beyin dokusunun belirli spesifik bölgelerinde olan intraparankimal kanama; bir diğer türü ise subaraknoid aralıkta bulunan vasküler yapıların rüptürü ile izlenen subaraknoid kanamadır (5). Bu bölümde intraparankimal kanama öncelikli olarak ele alınacaktır.

SİSK etiyolojisine bakıldığında serebral amiloid anjiopati ve sistemik arterial hipertansiyon en önemli neden olarak karşımıza çıkmaktadır (6). Diğer etiyolojik nedenler tablo 1'de belirtilmiştir.

Tablo 1. Etiyolojik nedenler
Sistemik hipertansiyon
Serebral amiloid anjiopati
Vasküler malformasyonlar
Serebral sinüs ven trombozu
Vaskülitler
Antitrombotik kullanımı

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ze kontrollü çalışmalar göz önüne alındığında, fonksiyonel iyileşme için olumlu sonuca varılamadığı göz önünde bulundurulmalıdır (51). Bu nedenle medikal ve cerrahi tedaviler için yapılan çalışmaların yanında, bu inme çeşidinin altta yatan risk faktörleri için daha fazla çalışma yapılmalıdır.

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