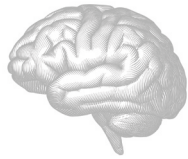
BÖLÜM 7



AKUT HİDROSEFALİ YÖNETİMİ

Alper ALABULUT[1]

GİRİŞ

Hidrosefali, intraventriküler ve subaraknoid mesafede bulunan beyin omurilik sıvısının (BOS) salınımı ve dolaşımında meydana gelen bozukluk sonucu ortaya çıkan bir klinik tablodur (1,2). Bunun sonucunda ventriküler düzeyde genişleme meydana gelir ve beyin parankim dokusu üzerinde basınç artışı ve kompresyon ortaya çıkar. Kronik hidrosefali ile ortaya çıkan yavaş ilerleyici parankimal kompresyon sürecini beyin belirli bir süre boyunca tölere edebilmekteyken akut hidrosefalide oluşum mekanizmasının hızı sebebiyle ölümcül sonuçlar ortaya çıkmaktadır (3).

Akut hidrosefali, beyin ve sinir cerrahisi uzmanlarının mesleki kariyerleri boyunca sık karşılaşacağı acil nöroşirürji hastalıklarından birisidir ve hızlı tanı-tedavi sürecine geçilmediğinde ilerleyici ve geri dönüşsüz nörolojik durum bozukluklarına ve ölüme sebep olmaktadır (Şekil 1'de).

Akut hidrosefali sebepleri oldukça çeşitlidir: İntrakranial enfeksiyonlar (4,5,6), subaraknoid (7,8,9), intraventriküler (10,11) veya intraserebral kanamalar (12,13), ventrikül içi BOS akımını azaltabilecek konumlarda oluşan tümör veya yer kaplayıcı diğer lezyonlar (14,15,16,17), serebrovasküler hastalıklar, kafa travmaları veya intrakranial cerrahi girişim öyküsü olan hastalarda akut hidrosefali ortaya çıkabilmektedir (18,19,20). Akut hidrosefali tanısı hızlı bir şekilde konulduktan sonra bir yandan bu duruma sebep olan hastalığın tanı ve tedavi algoritması planlanırken bir yandan da intrakranial basıncı dengede tutmak için BOS drenajının

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