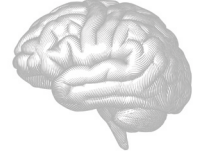


TRAVMATİK BEYİN HASARI OLAN ERİŞKİN HASTALARDA YOĞUN BAKIM YÖNETİMİ



Çağatay Erman ÖZTÜRK¹

GİRİŞ

Son yıllarda yoğun bakım tıbbındaki teknolojik ve terapötik ilerlemeler nöroyoğun bakım tıbbının da gelişmesine katkıda bulunmuştur. Nörolojik hasarın fizyopatolojisinin daha iyi anlaşılması, görüntüleme yöntemlerinin gelişmesiyle beraber yoğun bakımda kritik hastaların nöromonitörizasyonu ve tedavi stratejileri de yeniden düzenlenmiştir. Bütün bu gelişmelere paralel olarak beyin cerrahisindeki ameliyat teknikleri ve nöroanestezi alanındaki gelişmeler de komplike operasyonların yapılmasına imkan vermiş ve bu hastaların yoğun bakımda takip edilmesini gerekli kılmıştır.

Travmaya bağlı beyin hasarı en önemli mortalite ve morbidite sebeplerinin başında gelmektedir. Bu hastalarda klinik muayene oldukça önemli olup nörolojik durumu değerlendirmek için uluslararası kabul görmüş standart bir yöntem olan Glasgow Koma Skalası (GKS) oldukça önemlidir. Travmatik beyin hasarının (TBH) şiddeti için yaygın olarak kullanılan GKS, ilk resusitasyondan sonraki 48 saat içinde değerlendirilir (1). GKS skoru < 9 şiddetli TBH olarak tanımlanırken (2), GKS skoru 9-12 orta derecede, GKS skoru 13-15 hafif derecede hasarı temsil eder (3). Şiddetli kafa travmalarına standart yaklaşım, teknolojiye ve tedavideki ilerlemelerle güncellenerek geliştirilmektedir. Şiddetli TBH tedavisinde bir standart sağlamak ve hasta sonuçlarını iyileştirmek için yapılan bu güncellemeler en son 2016 yılında yayınlanmıştır (4).

Şiddetli TBH'nın yoğun bakımda takip ve tedavisinde asıl olan sekonder beyin hasarını azaltmaktır. Buna yönelik olarak; intrakranial basınç (ICP) takibi ve yö-

¹ Uzm. Dr. Samsun Eğitim Araştırma Hastanesi, Yoğun Bakım Ünitesi cageroz@gmail.com

Bu hastaların sadece yarısı sonraki bir yıl içerisinde bilinçlerini geri kazanır ve neredeyse tamamı ciddi şekilde sakat kalır. Bu nedenle prognozu belirleyen asıl durum TBH'ndan daha ziyade hipoksik iskemik beyin hasarıdır (60). Şiddetli travmatik beyin hasarı sonrası bilinçsiz veya minimal bilinç düzeyine sahip hastalarda amantadin tedavisinin iyileşmeyi hızlandırıcı etkisi olduğu öne sürülse de (61) uzun vadeli prognoz üzerindeki etkisini belirlemek için daha fazla çalışmaya ihtiyaç vardır.

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