

BÖLÜM 23

Migrenin Kronikleşme Süreci

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GİRİŞ

Kronik Migren (KM), genel popülasyonun ortalama % 1-5' ini etkileyen, engelleyici bir nörolojik hastalıktır. Üç aydan uzun zamandır ayda en az 15 gün baş ağrısı ve ayda en az 8 gün migren karakterinde baş ağrısı varlığı KM olarak sınıflanmaktadır[1]. Epizodik migren (EM) ile kıyaslandığında, yaygınlığı çok daha az olsa da ailesel, mesleki, sosyal ve akademik işlevsellik üzerine olumsuz etkileri çok daha fazladır.

Kronik migrenin sınıflamadaki yeri ve tanı ölçütleri zaman içinde değişim göstermiştir. İlk olarak 2004'te Uluslararası Baş ağrısı Bozuklukları Sınıflandırması'nın (ICHD) ikinci baskısında KM, EM'den ayrıldı. Bu sınıflamada ilaç aşırı kullanımı KM sınıfına dahil edildi[2]. ICHD-2 kriterleri 2006 yılında revize edildi ve (ICHD-2R), KM migrenin bir komplikasyonu olarak sınıflanarak ilaç aşırı kullanımı durumunda KM tanısı dışlandı [3]. Kısıtlılıkları nedeni ile ICHD-2 kriterleri 2013 yılında yeniden ICHD-3 beta kriterleri olarak revize edildi [4]. Bu sınıflamada KM komplikasyonlar alt başlığından kaldırılarak ayrı bir başlık altında sınıflandı ve ilaç aşırı kullanımı olan hastalar eş zamanlı hem ilaç aşırı kullanımı ve hem de KM tanılarına dahil edildi. Bu sınıflama ICHD-3'te de aynı şekilde kaldı[1].

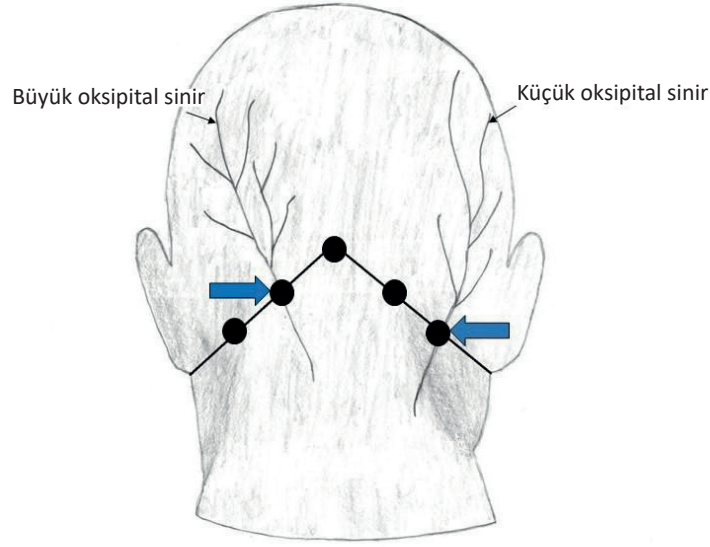
Kronik migrenin altında yatan patofizyolojik mekanizmalar halen net olarak aydınlatılmamıştır. Epizodik migrenin daha şiddetli ucunda yer alan bir migren formu mu, migrenin bir komplikasyonu mu, yoksa tamamen bağımsız bir baş ağrısı mı olduğu halen tartışmalıdır.



KM, genel popülasyonun ortalama % 1-5' ini etkiler.

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Şekil 2: Büyük ve küçük oksipital sinir enjeksiyon bölgeleri

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