BÖLÜM 32

Baş ve/ veya Boyun Travması veya Yaralanmasına Bağlanan Başağrısı

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TANIMLAMA

İkincil başağrıları içinde en sık karşılaşılan başağrısıdır. Travma sonrası her 10 hastadan 3-9'unda post-travmatik başağrısı ortaya çıkabilmekte ve bunların da 1/5 kadarı bir yıldan daha fazla sürebilmektedir.

En sık karşılaşılan ikincil başağrısıdır

KLİNİK

Özgün başağrısı özelliği yoktur. Sıklıkla migren veya gerilim-tipi başağrısına benzer. Bu nedenle bunların tanısı büyük ölçüde, travma veya yaralanma ile başağrısı arasındaki yakın zamansal ilişkiye bağlıdır. Başağrısı, travma veya yaralanmanın ardından tek başına bir belirti olarak ortaya çıkabilir veya dizzines, yorgunluk, yoğunlaşma güçlüğü, psikomotor yavaşlama, ılımlı bellek sorunları, uykusuzluk, anksiyete, kişilik değişiklikleri ve huzursuzluk gibi belirtiler ile görülebilir. Tekrarlayan başağrılarının özellikleri (sıklık, süre veya ağrı şiddeti gibi) farklı olabilir. Erkeklerde kadınlara oranla 2 kat daha fazla sıklıkla görülmesine karşın, kronikleşen olgularda kadın cinsiyet ön plana çıkmaktadır. Kesin olmamakla birlikte şiddeti hafif olan travmalardan sonra daha sık olarak görülmektedir. Kısa sürede düzelen hastalarda travma sonrası stres bozukluğu birlikteliği artmaktadır.

Özgün başağrısı özelliği yoktur

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Son söz: Travma sonrası başağrısı sık görülür; Klinik görünüm migren ve gerilim tipi başağrısına benzeyebilir; Nedenleri ve oluş mekanizması henüz aydınlatılmış değildir; Tedavi ve izleminde multidisipliner yaklaşım gereklidir ve eşlik eden diğer hastalıklar göz önüne alınmalıdır.

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