33.c Otoimmun Vaskülitik Sendromlara Bağlı Başağrısı

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TANIM

Vaskülitler kan damarlarının inflamasyonu ve nekrozu ile giden heterojen bir hastalık grubudur. Sistemik ve lokalize inflamasyon, iskemi ve doku destrüksiyonu ile sonuçlanır. Santral sinir sisteminin (SSS) primer vaskülitleri ve sistemik vaskülülitik sendromlarla eşlik eden sekonder vaskülitler [antifosfolipid sendrom (APS), sistemik lupus eritematozus (SLE) ve ilişkili hastalıklar, romatoid artrit, Sjögren sendrom] ve Behçet hastalığında başağrısı SSS tutulumunun en sık rastlanan semptomudur. Her ne değin nonspesifik ve sıklıkla tanısal değere sahip değilse de SSS tutulumunun ilk belirtisi olabilir. Erken, hızlı tanı ve tedavi yalnızca başağrısını kontrol altına almakla kalmaz aynı zamanda SSS komplikasyonlarını engeller. Semptomlar inflamatuvar süreçten etkilenen damar sistemi ile ilişkilidir.

Erken, hızlı tanı ve tedavi yalnızca başağrısını kontrol altına almakla kalmaz aynı zamanda SSS komplikasyonlarını da engeller.

TANI KRİTERLERİ

Vaskülitik sendromlar ICHD-3 sınıflamasında 6.4 arterite bağlı başağrıları olarak sınıflandırılmıştır.

6.4 Servikal, kraniyal ve/veya beyin arterlerinin inflamasyonunun neden olduğu başağrıları

A. C kriterlerini karşılayan herhangi bir yeni gelişen başağrısı

B. Arterit tanısı

C. Aşağıdakilerin her biri ya da her ikisi nedenselliğin kanıtını gösterir

1. Başağrısı arteritisin başlangıcının diğer semptomları

a. ve/veya klinik belirtileri ile yakın zamansal ilişkide gelişmiş olmalı

b. veya arterit tanısına yol açmalı

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basınç artışı ve/veya subaraknoid kanama) gibi multifaktöriyeldir.

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