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# Santral Sinir Sisteminin Otoimmün Hastalıklarında Başağrısı

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## GİRİŞ

Her ne değin Uluslararası Başağrısı Derneği (IHS) kriterleri (2018) içinde yer almasa da santral sinir sisteminin (SSS) otoimmün, demiyelinizan, dejeneratif hastalıklarında başağrısı bazen öncü belirti olabileceği gibi değişik nedenlere bağlı olarak da hastalığın seyri sırasında görülebilir.

## MULTİPL SKLEROZDA BAŞAĞRISI

### Tanım

Multipl skleroz (MS) genç erişkinlerde görülen, genellikle alevlenme ve düzelmeler ile seyreden, SSS'nin kronik, olasılıkla otoimmün, inflamatuvar, demiyelinizan ve dejeneratif bir hastalıdır.

### Klinik

Multipl Skleroz; piramidal, serebellar, arka kordon, beyin sapı nükleer ve internükleer bağlantılar, spinotalamik yollar, otonom sinir sistemi, kognisyonu etkileyen yorgunluk ve ender de olsa epileptik bozukluklarla ortaya çıkan bir hastalıdır. Başlangıçta relapsing remitting (RRMS)

seyir gösteren klinik tablo genellikle 10 yıldan sonra sekonder progresif (SPMS) seyre dönüşür. MS'lilerin % 10-15'inde ise hastalık başlangıçtan itibaren progresiftir (PPMS). Tanıda klinik özellikler yanında, manyetik rezonans görüntüleme (MRG) bulguları ve beyin omurilik sıvısında (BOS) saptanan oligoklonal bandlar ve immüno-globulin G indeks artışı altın standart değerlerini korumaktadır.

### Fizyopatoloji

Multipl Skleroz olasılıkla T hücre başta olmak üzere, T ve B lenfositlerin, makrofajların, birçok sitokin, kemokin ve antikorun sürece karıştığı immünolojik bir kaostur. Hastalık başlangıcında daha çok inflamatuvar süreç belirgin iken daha sonra gerek klinik gerekse MRG aktivitesi azalır ve dejenerasyon ve atrofinin önde olduğu geri dönüşümsüz sürece girilir. MS; klinik özellikleri, MRG ve BOS bulguları ile birçok SSS hastalığını taklit eden bir hastalıdır ve ayırıcı tanı titizlikle yapılmalıdır.

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Santral sinir sisteminin otoimmün hastalıklarında, primer hastalığın tedavisi yanında baş ağrısının tipi ve özellikleri dikkate alınarak tedavi düzenlenmelidir.

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