BÖLÜM 5

MİGRENE NEDEN OLAN MEKANİZMALAR VE PATOFİZYOLOJİLER

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GİRİŞ

Migren; yaygın görülen, meydana gelişi tam olarak açıklanamayan, multifaktöriyel, pirmer baş ağrısıdır. 2018 de Uluslararası Baş ağrısı Derneği (İnternational Hedeache Society-IHS) klasifikasyon komitesi tarafından ICHD-3 olarak sınıflandırılmıştır. Migrenin patofizyolojisi ilgili önemli gelişmeler kaydedilse de fizyolojik, moleküler, anatomik ve genetik temeller hala tam olarak bilinmemektedir. Duyusal trigeminal sinir liflerinden oluşan trigeminovasküler sistemin aktivasyonu, serebral kan damarlarını ve dura materi innerve etmesine bağlı olarak uzun süredir baş ağrısının altında yatan neden olduğu varsayılmıştır (1). Trigeminal sinirin klinik ilişkili bağlantıları özetle şöyle açıklanabilir; Trigeminal afferentler, trigeminal gangliondan (TG) kaynaklanır ve kraniyal yapıları, damarları ve durayı innerve eder. Bu duyusal afferentler, beyin sapı ve üst servikal omurgadaki trigeminoservikal komplekste (TCC) üst servikal dorsal kök ganglionundan (CG) gelen servikal afferentlerle birleşir. İkinci sıra nöronlar, TCC' den talamusa, oradan da talamokortikal nöronların duyusal bilgiyi çoklu kortikal alanlara ilettiği talamusa projekte olur. Rostroventral medulla (RVM), locus coeruleus (LC), periaquaduktal gri alan (periaqueduktal grey: PAG) ve hipotalamik çekirdek-

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FHM'ye neden olan ajan olarak tanımlanan ikinci gen, ATP1A2'dir. Bu özel gen, Na+/K+-ATPase iyon taşıma pompası (α 2 izoformu) katalitik alanını kodlar. Bu alan kalp, iskelet kası ve merkezi sinir sisteminde (CNS) bulunan düz kas hücrelerindeki elektrokimyasal gradientlerin sürdürülmesinden sorumludur (96). Mutasyonlar otozomol dominant kalıtılır ve epilepsi, nöbetler, tekrarlayan koma, ateş ve (76)zekâ geriliği kliniği ile kendini gösterir (97).

FHM ile ilişkili üçüncü mutasyon SCN1A'dır. Bu gen 2q24.3 kromozomunda bulunur ve FHM'den sorumludur. Bu, diğer ikisiyle karşılaştırıldığında nadir bir varyanttır. SCN1A, CNS'de bulunan uyarılabilir zarların geçirgenliğini korumaktan sorumlu olan voltaj kapılı sodyum kanalı Nav1.1 proteinini kodlar (98). SCN1A bölgesindeki mutasyonlar, epilepsi sendromlarında yaygın olarak rapor edilmektedir. Toplu olarak, otozomal dominant bir özellik olarak kalıtılan FHM bozukluğu olan hastalarda 11 mutasyon bildirilmiştir (99).

SONUÇ

Migren multi faktoriel bir hastalıktır. Bu neden ile tedavisi planlanırken tüm etmenler iyi araştırılmalıdır. Ek olarak spor, uyku düzeni, beslenme önerilerinde bulunulmalıdır.

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