

Bölüm 25

SEREBRAL PALSİLİ ÇOCUKTA BESLENME

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GİRİŞ

Serebral Palsi (SP), gelişmekte olan beyindeki lezyona bağlı meydana gelen, ilerleyici olmayan ancak yaşla birlikte değişebilen kalıcı hareket ve postür bozukluğu olarak tanımlanmaktadır. Çocuklarda en yaygın görülen fiziksel sakatlık olup 1000 canlı doğumdan 2.11'ini etkilemektedir (1,2). Mortalitesi hastalığın şiddeti ve eşlik eden komorbiditelere göre pediatrik popülasyondaki diğer hastalıklardan 50 kat fazladır (3). Literatüre göre 19 yaşında % 60'lık bir hayatta kalma oranı tespit edilmiştir (4,5).

SP'li çocuklarda zayıf büyüme etiyolojisinde; beslenme faktörleri, fiziksel faktörler ve beyin lezyonunun kendisiyle ilişkili faktörler yer almaktadır (6). Orofaringeal disfaji, SP'li çocukların % 85'inde görülebilmektedir (7). Ebeveynlerin beslenmedeki zorlukları da eklenince, orta ile şiddetli SP'li çocuklarda boy, kilo, vücut yağ depoları ve kas kütlesi ile ölçülen yetersiz beslenme durumu ortaya çıkar. SP'de yetersiz büyüme ile ilgili fiziksel faktörler fiziksel aktivitenin düşük olması ile ilişkilidir (8-12). Ağırılıkta azalma ve kemiklerde mekanik gerilme sonucu SP'li çocuklarda kemik formasyonu ve gelişimi azalmaktadır (6,13). Beyin lezyonunun kendisiyle ilgili faktörler arasında ise; büyümeyi direkt etkileme, negatif nörotropik etkiler ve indirekt olarak büyüme hormonu eksikliği gibi endokrin faktörler yer almaktadır (14,15). Erken doğum ve düşük doğum ağırlığı prevalansı SP'li çocuklarda daha yüksektir ve kısa boy ile ilişkilidir (16,17). Bildiğimiz kadarıyla, erken doğumun SP'li çocuklarda büyüme üzerine etkisi açıklanamamıştır. Bununla birlikte, son zamanlarda yapılan bir çalışmada, 0-5 yaşları arasında ≥ 36 haftalık doğan SP'li çocuklarda kısa boy için gebelik yaşının küçük olması önemli bir prediktör olarak tespit edilmiştir (18).

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KAYNAKÇA

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