BÖLÜM 17

TİROİD FONKSİYON BOZUKLUKLARININ NÖROLOJİK ETKİLERİ

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Tiroid hormonları vücutta çeşitli fizyolojik süreçlerde yer alır; büyüme ve gelişmenin yanı sıra çoğu organın en uygun şekilde çalışabilmesi için gereklidir Tiroid fonksiyon bozuklukları toplumda sık görülür. Tiroid fonksiyon bozukluklarında diğer sistem tutuluşları olmakla birlikte periferik ve santral sinir sistemi etkilenmesine ait bulgular da görülebilir.

HİPERTİROİDİ

Hipertiroidi tiroid bezinden tiroid hormon yapımının artması sonucu oluşan tiroid hormon fazlalığını ifade eder. Tirotoksikoz ise kaynağı ne olursa olsun tiroid hormon fazlalığı olarak ifade edilir. Subklinik hipertiroidide baskılanmış tiroid stimüle edici hormon (TSH) ile birlikte normal serbest triiyodotironin (sT3) ve serbest tiroksin (sT4), aşikâr hipertiroidide ise baskılanmış TSH, yüksek sT4 ve/veya sT3 vardır.

Nöropsikiyatrik bozukluklar, hipertiroidide oldukça yaygındır bu durum bazen başlangıçta endokrin bozukluğunun tanısında gecikmeye neden olabilir (1). Hipertiroidinin yaygın sistemik belirtileri arasında çarpıntı, sıcak intoleransı, sinirlilik, kilo kaybı, iştah artışı, nefes darlığı, terleme, göz bulguları yer alır. Hipertiroidizmin en sık sebebi Graves Hastalığıdır. Graves hastalığı (GH), primer olarak tiroid bezini etkileyen otoimmün bir hastalıktır. Ayrıca gözler ve cilt dahil olmak üzere diğer birçok organı da etkileyebilir. Graves hastalığı her yaşta, özellikle üreme çağındaki kadınlarda daha fazla görülür. TSH reseptörlerine karşı

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sek tiroid antikor titrelerinin varlığı ve diğer ensefalopati nedenlerinin dışlanması HE tanısını destekler. Fakat normal popülasyonda da tiroid antikorlarında yükseklik görülebilir. Yükselmiş tiroid antikorlarının titresi, nörolojik belirtilerin şiddeti ile korele değildir (119).

Enfeksiyöz, vasküler, metabolik gibi ensefalopatinin diğer nedenlerini dışlamak için bu hastalarda manyetik rezonans görüntüleme (MRI), elektroensefalografi (EEG), beyin omurilik sıvısı (BOS) analizi ve diğer laboratuvar testleri yapılmalıdır. Tiroid hormon seviyeleri ölçülmelidir, ancak yukarıda belirtildiği gibi HE'de tiroid hormon düzeyleri değişkendir. HE tedavisi immünosupresif tedaviyi içerdiğinden, enfeksiyonu tamamen dışlamak özellikle önemlidir.

Tedavi

HE tedavisinde genellikle glukokortikoidler kullanılır, beraberinde bir tiroid hormon anormalliği varsa tedavi edilir. Optimal bir glukokortikoid dozu tanımlanmamıştır. Steroidlerle tedavi oldukça etkilidir ve oral tedavi intravenöz steroidler kadar etkili görünmektedir (128). Çoğu hasta glukokortikoid tedavisine yanıt verir**,** tedaviye yanıt vermeyen az sayıda hastada diğer immünosupresif tedaviler kullanılır (114,128,114). Nöbetler için antepileptik tedavi denenebilir. Fakat bazı hastalarda nöbetler, antiepileptik tedaviye yanıt vermeyip steroid tedavisine yanıt verebilir (114).

HE'nin prognozu genel olarak iyidir, vakaların %90'dan fazlası steroide yanıt verir. Birçok hasta, birkaç yıllık takip süresi boyunca steroidlerin kesilmesinden sonra remisyonda kalır (125,128,138). Nüks görülen bazı hastalarda uzun süreli immünosupresif tedavi gerekebilir. Steroid tedavisine dirençli hastalarda intravenöz immünoglobulin tedavisi veya plazmaferez faydalı olabilir (139,140,141). Bazı hastalarda diğer immunsupresif tedaviler de kullanılabilir (114).

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