

BÖLÜM 35

REKÜRREN LARİNGEAL SİNİR YARALANMALARINDA TEDAVİ YÖNETİMİ

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Rekürren laringeal sinir (RLN) hasarının başlıca nedenleri idiopatik nedenler, cerrahi yaralanmalar ve tiroid, larinks ve özofagusun invazif tümörleri, arcus aorta anevrizması, trakeal entübasyon, üst solunum yolu enfeksiyonu, travma ve sistemik nöromusküler hastalıklardır (1, 2). Tiroid cerrahisi sonrasında RLN hasarı yüzyıldan fazladır bilinen bir komplikasyondur. Tiroid cerrahisinden sonra geçici veya kalıcı RLN yaralanmasının prevalansı % 0-11 arasında tahmin edilmektedir (3). Tiroid cerrahisi sonrasında vokal kordlar genellikle doğru bir şekilde değerlendirilmemektedir ve bu koşullarda bile, İngiliz Endokrin ve Tiroid Cerrahları Derneği'nin yayınlanan bir çalışmada RLN hasarı oranı %1,8 olarak bildirilmiştir (4). Günümüzde özelleşmiş merkezlerde bu oran %0-1,1 arasında değişmektedir. Tiroidektomiler sonrasında açılan davaların en sık nedenlerinden biri RLN hasarıdır. İatrojenik tek taraflı vokal kord hareketsizliğinin etiyojisinde %33 ve iatrojenik çift taraflı vokal kord hareketsizliğinin ise etiyojisinde %80 neden tiroid cerrahisidir. Hasar oranları giderek azalırken etkili tedavi stratejileri de çeşitlenmektedir.

ANATOMİ

Larinks (gırtlak), yutma eylemi sırasında hava yolunu kapatarak koruyan ve fonasyonu sağlayan bir sfinkterdir (5). Larinksin motor siniri n. laryngeus recurrens, duyu siniri ise n. laryngeus superior'dur. N. laryngeus superior vagal gangliondan kaynaklanır ve superior servikal sempatik gangliondan da bir dal alır. Farinks (yutak) boyunca inerek internal ve eksternal laringeal sinirlere ayrılır. Vokal kordların düzeyine kadar laringeal mukozanın duysusu internal laringeal sinir tarafından alınır. N. laryngeus superior'un eksternal dalı ise yüksek frekanslarda fonasyonda önemli olan krikotiroid kası uyarır (6). Sol RLN arcus aorta düzeyinde doğar ve trakeoözofageal oluk içinde yükselir (7). Sağ RLN ise sağ a. subclavia'nın anteriorundan başlayarak trakeoözofageal oluk içinde yükselir. Her iki RLN de sıklıkla larinks dışında dallanır. Küçük bir ekstralaringeal dalda hasar dahi sesin kalitesinin bozulmasına neden olabilir. RLN dallanması bireyler arasında oldukça değişkendir. RLN'nin uç kısmı, constrictor pharyngis inferior kasının inferior sınırından ve krikotiroid eklemin posteriorundan geçerek larinkse girer. Larinkse girerken a. thyroidea

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düzeltilmesinde doğal bir yol olarak öne çıkmaktadır. Elektriksel uyarımla reinnervasyon sürecinin nöromodülasyonu hem orijinal motor nöronlarla reinnervasyonu sağlar hem de sinkineziyi engeller görünmektedir. Gen tedavisi ve kök hücre tedavisi ise nöronların ve atrofik kasların yeniden büyüyerek gelişmesini amaçlayan yeni tedavi yolları olarak ele alınabilirse de bu yöntemlerde sinkineziyi düzeltmeye yönelik herhangi bir yaklaşımın olmaması düşündürücüdür. Tüm tedavilerde temel amaç paraliziği düzeltmek olsa da halen yeni yöntemler kullanılarak gerçekleştirilmiş bir klinik çalışma bulunmamaktadır.

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