

# BÖLÜM 21

## DİYABETİN PERİFERİK SİNİR SİSTEMİ KOMPLİKASYONLARI



Güneş ALTIOKKA UZUN<sup>1</sup>

### GİRİŞ

Diyabetik periferik nöropati, diyabetes mellitus (DM) hastalığı bulunan bireylerde altta yatan başka bir neden bulunmaksızın, periferik sinir disfonksiyonu semptom ve/veya bulgularının varlığı olarak tanımlanmaktadır (1). DM, distal simetrik polinöropati gelişimi için en yaygın etyolojidir ve dünya çapında görülen en yaygın nöropati şeklidir. İleri yaşa ve uzun hastalık süresine sahip Tip 1 ve Tip 2 diyabetli bireylerde sık görülmesine rağmen, prevalansının Tip 2 DM bulunan kişilerde biraz daha yüksek olduğu bilinmektedir. Çalışmalar, diyabetli yetişkinlerin yaklaşık %50'sinin yaşamları boyunca, diyabetik periferik nöropatiden etkileneceğini göstermektedir (2). Nöropatili olguların %50'sinin asemptomatik olması nedeniyle ciddi ayak yaralanmalarının oluşabilmesi, semptomatik diyabetik nöropati için tedavi yöntemlerinin mevcut olması ve otonom tutulumun hasta için hayati risk oluşturabilmesi nedeniyle nöropatinin tanınması önem taşımaktadır.

### DİYABETİK PERİFERİK NÖROPATİNİN PATOGENEZİ

Nöropatinin, oksidatif stres ve inflamasyon kaynaklı olduğu düşünülmektedir. Artmış aldolaz redüktaz yolu aktivitesi sonucu oluşan sorbitol ve fruktozun birikmesi, glikozun oto-oksidasyonu, proteinlerin enzimatik olmayan glikolizasyonu sonucu ileri glikolizasyon ürünlerinin oluşumu, protein kinaz C'nin aktivasyonu

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## Kronik İnflamatuvar Demiyelinizan Nöropati

DM olgularında kronik inflamatuvar demiyelinizan polinöropati (KIDP) ve diğer demiyelinizan nöropatiler görülebilir. Daha fazlası diyabetik nöropati de demiyelinizan karakterde olabilir ve hem KIDP hem de DM'de beyin omurilik sıvısı protein seviyesi yüksek olabilir. Bu durum tanı karışıklığına neden olabilir. Ayırım KIDP'nin intravenöz immunoglobulin veya immünmodülatörler ile tedavi edilebilmesinden dolayı önem kazanmaktadır. DM'nin KIDP'ye yatkınlık yaratıp yaratmadığının değerlendirilebilmesi amacıyla geniş sistemik çalışmalara ihtiyaç mevcuttur (41, 42).

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