

Bölüm 2

COVID 19 ve İlişkili Nörolojik Bulgulara Güncel Yaklaşım

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GİRİŞ

2019 aralık ayında Çin' in Wuhan kentinde benzer klinik bulgulara sahip çok sayıda atipik pnömoni olgusunun görülmesinin ardından yeni tip korona virüs hastalığı (COVID 19) tanımlandı ¹. Dünya Sağlık Örgütü (DSÖ), 11 Mart 2020' de COVID 19' un 100 den fazla ülkeye yayılmasının ardından global pandemi ilan etti ². COVID 19 semptomlarının 2002' de görülen 'severe acute respiratory syndrome coronavirus' (SARS-CoV) ve 2012' deki 'Middle East respiratory syndrome coronavirus' (MERS-CoV) ile ortaya çıkan enfeksiyonla benzerlik gösterdiği ve aynı zamanda etkenin genomik olarak SARS-CoV ve MERS-CoV gibi betakoronavirüs olduğu saptandı ³⁻⁵. Virüsün konak hücreye giriş reseptörünün de SARS-CoV gibi anjiyotensin converting enzim 2 (ACE2) olması nedeniyle SARS-CoV 2 olarak adlandırıldı.

Tüm Dünyayı etkisi altına alan SARS-CoV ve COVID 19 hakkında hala çok fazla bilinmeyen olsa da literatüre her geçen gün yeni bilgiler eklenmektedir. DSÖ' nün WEB sayfasında da SARS-CoV ve COVID 19 ile ilgili hasta yönetimi ve laboratuvar testleridahil çok yönlü bilgilendirme yapılmaktadır ⁶.

Bu yazıda SARS-COV2'nin genel özelliklerinin ardından COVID 19'un tanı basamakları ve klinik bulguları kısaca gözden geçirilerek COVID 19 ile ilişkili nörolojik semptom, bulgu ve komplikasyonlar sunulacaktır.

Korona Virus Patogenezi

Korona virüsler, koronaviridea ailesi, Orthocoronavirinae altailesinden, küresel yapıda, zarflı, pozitif polariteli, tek sarmallı RNA virüsleridir. Yüzeyinde yer alan çıkıntılar nedeniyle Latince'de 'corona' yani 'taç' kelimesinden yola çıkılarak koronavirüs (taçlı virüs) olarak isimlendirilmiştir. Viral RNA, yapısal proteinleri (S,E,M,N,HE) kodlayan 5 gen ile yapısal olmayan proteinleri kodlayan genleri içerir ⁷. Yapısal proteinlerden Spike (S) glukoprotein konağa tutunmada dominant rol oynamaktadır ⁸.

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Italian Society of Neurology öncülüğünde İtalya'da retrospektif-prospektif olarak planlanan ve COVID 19 hastalarında hem tanı ve taburculuk hem de 3-6 aylık izlem sürecindeki nörolojik semptom ve bulguların dökümanite edilmesinin amaçlandığı çalışmanın sonuçları yayınlandığında COVID 19-nöroloji ilişkisinin anlaşılmasına ve uzun dönem sonuçların derlenmesine büyük katkı sağlayacaktır ⁶².

SONUÇ

Dünya çapında konuyla ilgili yapılan çalışmalardan elde edilen veriler arttıkça COVID 19 ile ilişkili gelişen nörolojik semptom ve bulguların önemi anlaşılmıştır. Klinisyenler hem acil servislerde hem de polikliniklerde bilinç değişikliğinden kranial sinir tutulumuna, akut serebrovasküler hastalıktan otoimmün bozukluklara kadar çeşitli nörolojik semptom ve hastalıkların COVID 19 ile ilişkili olabileceğini akılda bulundurmalarıdır. Nazal semptomlar olmadan ani koku ve tat kaybı gelişmesinin COVID19 açısından önemli semptomlar olduğu artık bilinmektedir. Nörolojik semptom ve hastalıkların etiyopatogenezinde direk nörolojik invazyon, indirek nöroinflamasyon ya da otoimmün süreçlerin rol aldığı düşünülmektedir. COVID19 tanısı ile takip edilen hastalarda meydana gelen hızlı klinik kötüleşmelerde de hekimler ensefalit, inme gibi acil nörolojik durumları göz önünde bulundurmalarıdır. COVID19 ile ilgili uzun dönem etki ve komplikasyonların anlaşılması için ise prospektif çalışmalar yapılması yol gösterici olacaktır.

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