

## Bölüm 7

# POLİNÖROPATİLERE GÜNCEL YAKLAŞIM

Pınar BEKDİK ŞİRİNOCAK<sup>1</sup>

### GİRİŞ

Polinöropati, periferik sinirlerin ağırlıklı olarak distal kısımlarını etkileyen, uyuşma, ağrı ve kas zaafı gibi akut, subakut ya da kronik, simetrik ya da asimetrik bulgularla karakterize periferik bir nöropatidir.<sup>1</sup> Polinöropatiler, yaşam kalitesini etkileyen özürüllüğe neden olabilen bir hastalık grubudur.<sup>2</sup> Periferik sinir hastalıkları içinde yaklaşık %5-8 oranında görülerek oldukça yüksek bir yüzdeye sahiptir.<sup>3</sup> Yaş ilerledikçe prevalansı artan bu hastalığın erken tanı ve tedavisi, ortalama yaşam süresinin uzaması ile birlikte hem yaşam kalitesi hem de özürüllük oranını azaltmakta önemlidir.

Bu bölümde polinöropatiler, genel olarak tanıya yardımcı olacak sınıflandırmalar ve tedavide güncel yaklaşımlar ile gözden geçirilecektir.

### ETYOLOJİ VE PATOGENEZ

Periferik sinirler, toksik, inflamatuvar, kalıtsal, bulaşıcı ve paraenfeksiyöz etkenlere karşı duyarlıdır. Bu etkenlerin nöronların hangi kısımlarına (motor nöron, dorsal ganglion, sinir liflerinin akson ya da schwann hücrelerine) zarar verdiğine göre ayırım yapılabilir. Sonrasında vaskülitlerde olan epinöral ve endonöral kan damarlarına, demiyelinizan polinöropatilerde gördüğümüz medüller kılıf ve ranvier nodlarına ve aksonal polinöropatilerde olduğu gibi aksonlara etki etmelerine göre ayrılabilir.<sup>4</sup> Bu etki mekanizmalarının içinde kalıtsal nöropatilerde de en sık karşılaşılan aksonal hasar en yaygın olanı olarak kabul edilmektedir.<sup>5</sup>

Periferik sinirleri hasarlayan ve polinöropatiye yol açan bu etkenleri tanıyabilmek için çeşitli rehberler geliştirilmiştir.

Sınıflandırmalar; polinöropatinin

- Ortaya çıkış nedenine göre; kalıtsal ve edinsel,
- Ortaya çıkış sürelerine göre; akut, subakut ve kronik,
- Periferik sinirleri etkiledikleri bölgeye göre; demiyelinizan, aksonal mikst tip,
- Etkiledikleri sinirlere göre; duysal, motor ve hem duysal hem motor

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## SONUÇ

Polinöropatiler, periferik sinirleri etkileyen daha çok distallerden başlayan ilerleyici bir hastalıktır. Tanı tedavi edilebilir nedenlerin belirlenmesi ve tedavinin erken başlanması açısından önemlidir. Tanıda edinsel polinöropati de klinik ve elektrofizyolojik inceleme yöntemleri, kalıtsal olanlarda ise sinir biyopsisi ve genetik inceleme ön planda yer almaktadır. Tedavi çoğunlukla altta yatan etyolojiye yöneliktir.

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