Bölüm 14

KAFA İÇİ BASINÇ DEĞİŞİKLİKLERİNDE GÜNCEL YAKLAŞIMLAR

Özge ÖCEK[1]

GİRİŞ

Kafa içi basınç değişikliklerine bağlı gelişen nörolojik hastalıklar, ciddi, hayatı tehdit eden komplikasyonlar ile sonuçlanabildiğinden erken tanınması ve tedavi edilmesi gereken durumlardır. Kafa içi basınç artışı ve azalması şeklinde iki ana gruba ayırabilmekle birlikte, her iki durumun da en sık başvuru şikayeti baş ağrısıdır. Baş ağrısına sebep olabilen primer ve sekonder pek çok nörolojik hastalık olabildiğinden, bu tanılara yönelebilmek için hastanın öyküsündeki bazı ayrıntılara, klinik muayene bulgularına, normal intrakraniyal basıncı oluşturan fizyolojik yapılar ile bu basıncı arttıran veya azaltan patolojilerin bilinmesine ihtiyaç vardır. Bu bölümde normal kafa içi basıncı oluşturan temel yapılar ile bu basıncın artışına ya da azalmasına neden olan patolojilerden bahsedilecek ve güncel yaklaşımlar gözden geçirilecektir.

NORMAL İNTRAKRANİYAL BASINÇ

İntrakraniyal boşluk kemikler ile tamamen çevrili olması nedeniyle oldukça rijittir. Bu boşluğun iç hacmi 1400-1700 ml arasındadır. Normal intrakraniyal basıcın oluşması için fizyolojik koşullarda bu hacmin %80'ini beyin parankimi (ortalama beyin parankimi hacmi 1200-1400 ml), %10'unu beyin omurilik sıvısı (BOS) (ortalama BOS hacmi 104 ml), kalan %10'unu da kan (ortalama kan hacmi 150 ml) doldurmaktadır. İntrakraniyal alanın hacmi değişemeyeceğinden, bu bileşenlerin birinde artış olması diğerin azalması ile dengelenir. Bu ilişki Monro-Kellie Doktrini olarak bilinir. Ayrıca kafa içerisinde yerleşebilen abseler, kitlesel oluşumlar, hematomlar gibi patolojik durumları kompanse etmek için öncelikle BOS ve kan hacminde azalma olur ancak uzaklaştırılacak daha fazla BOS ve kan hacmi kalmadığında intrakraniyal basınç (İKB) artışı gelişebilir.[1]

İntrakraniyal basınç ölçümü dört anatomik bölge kullanılarak yapılabilir: Lateral ventiriküllerin içinden (intraventriküler), beyin parankiminden (intra-

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