BÖLÜM 21

SİSTEMİK HASTALIK VE SENDROMLARIN OTOLOJİK BULGULARI

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GİRİŞ

Granülomatöz ve enfeksiyöz hastalıklar, neoplaziler, kemik bozuklukları, metabolik ve depo hastalıkları, otoimmün hastalıklar ve immün yetmezlikler dahil olmak üzere pek çok çeşitli sistemik hastalık otolojik semptom ve bulgulara yol açabilir (1). Otolojik semptom ve bulgular bu hastalıklarda az görülebilir veya hastalığın ilk ve tek özelliği olarak ortaya çıkabilir. Tutulan otolojik bölgenin yeri ve yaygınlığına göre farklı semptomlar ortaya çıkabilmektedir. Akut veya kronik otitis media, iletim tipi, sensörinöral ve miks tip işitme kaybı, vestibüler belirtiler, otalji, ani işitme kaybı, fasiyal sinir paralizisi görülebilir (1).

Otolojik belirtiler üzerinden sistemik veya sendromik hastalık tanısı koymak zor olabilir, bu nedenle öncelikle ön tanı açısından şüphelenmek, laboratuvar ve radyolojik tetkik ile biyopsi gibi tanısal yaklaşım gerekir. Bu hastalık grubu hasta bazlı olarak ve multidisipliner yaklaşımla değerlendirilmelidir. Bu bölümde otolojik semptom ve bulguları olan sistemik hastalıklar (Tablo 1) ve sendromlar (Tablo 2) tartışılmıştır.

GRANÜLOMATÖZ HASTALIKLAR

Langerhans Hücreli Histiyositoz

Eozinofilik granülom olarak da bilinen bu hastalığın, immünolojik disfonksiyon sonucu patolojik Langerhans hücrelerinin çoğalmasına bağlı geliştiği düşünülmektedir. Çocuk ve genç erişkinlerde iskelet sisteminin birçok lokasyonunda görülebilir. Mandibula, maksilla ve temporal kemiklerde de osteolitik lezyonlara neden olabilir. Bu lezyonlar asemptomatik olabilir veya ağrı, şişlik ve patolojik kırıklara yol açabilir. Temporal kemikte kötü prognozlu litik lezyonlara neden olur (1).

Otolojik bulgular: Hastalığın ilk işareti olabilir. En sık görülen semptomlar otore, postauriküler şişlik, işitme kaybı ve vertigodur. En sık bulgu olarak dış kulak yolunda granülasyon dokusu veya polipler izlenir. Ayrıca timpanik zar perforasyonu, otitis media, otitis eksterna, mastoid kemik ile dış kulak arasında fistül ve postauriküler şişlik görülebilir. Mastoid kemikte düzensiz litik lezyonlar izlenir. Nadiren fasiyal paralizi, kafa tabanı ve juguler fossa tutulumu görülebilir. Bu hastalık sıklıkla kronik otitis

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