Bölüm 9

Paraneoplastik Nörolojik Sendromlar

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GİRİŞ

Paraneoplastik nörolojik sendromlar (PNS), sistemik kanserlerin nörolojik komplikasyonları olup sinir sistemi dışından köken alırlar. Bölgesel veya metastatik yayılıma, fırsatçı enfeksiyonlara, hastalıkla ilgili tedavilere sekonder değillerdir (1). PNS'ın, merkezi veya periferik sinir sistemini etkileyen altta yatan tümör tarafından tetiklenen bir dizi immün reaksiyona bağlı olarak ortaya çıktığı kabul edilmektedir (2). Bu sendromlar, serebral korteksten nöromüsküler kavşağa ve kasa kadar sinir sisteminin bütün bölümlerini etkileyebilir.

Altta yatan bir malignite için yüksek spesifiteye sahip serolojik biyobelirteçlerin keşfi, bu sendromların daha fazla tanınmasını ve daha erken teşhis edilmesini sağlamıştır. Bu vakaların yönetimindeki önemli noktalar ; erken tanı, hızlı immünsüpresyon ve altta yatan malignitenin tedavisidir (2). Malignitelerin çok erken aşamasında PNS'lar ortaya çıkabilmelerinden dolayı önem arzetmektedirler (3).

Uluslararası PNS uzmanları panelinin 2004 yılındaki tavsiyelerine dayanan konsensüs kriterlerine göre bu hastalık grubu "klasik" PNS ve "klasik olmayan" PNS olarak ikiye ayrılmaktadır (4). Klasik PNS, genellikle subakut başlangıç, kanserle sık birliktelik ve tipik prezentasyon ile karakterize olup; merkezi ve periferik sinir sistemi bozukluklarını içerir. Hastaların tipik başvuru semptomları nedeniyle tanı konulması daha kolaydır. Buna karşın klasik olmayan PNS genellikle oldukça farklı çeşitlilikte semptomlarla başvurur ve birçoğu kanserle ilişkisiz olabilir. Bu nedenle klasik olmayan PNS'ın tanınması daha zordur ve kanser tanısında da gecikmeler olmaktadır. Klasik ve klasik olmayan PNS Tablo-1 de görülmektedir (5).

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PNS de erken tanı, tümörün tedavisine hızlıca başlanması, özellikle ONA pozitif olan grupta olmak üzere hızlı immün süpresyon tedavisine başlanması hastalığın seyri için son derece önemlidir.

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