Bölüm 12

MULTİPL SKLEROZ VE YENİ TEDAVİ PROTOKOLLERİ

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GİRİŞ

Multipl skleroz (MS), Merkezi Sinir Sistemindeki (MSS) aksonların demiyelinize olması ile karakterize, nörodejeneratif hasara sebep olan, kronik, inflamatuar, otoimmün bir hastalıktır**(1-5)**. Patolojik olarak perivasküler lenfositik infiltratlar ve makrofajlar, nöronları çevreleyen miyelin kılıflarının bozulmasına sebep olur**(6).** Nörodejenerasyon ve nöroinflamasyon ile ilişkilendirilen bu durum, tüm MS evrelerinde görülebilen MSS hasarlarının, gerek lokal gerekse sistemik olarak immün sistemin yetersiz kalmasına sebep olması şeklinde açıklanmaktadır**(7).** Hastalığın başlangıcı, genellikle otuzlu yaşlardan sonra görülür ve kadınlarda erkeklere göre görülme sıklığı 2-3 kat daha fazladır. MS, özellikle yüksek enlemlerde ikamet eden Avrupa kökenli insanlar arasında daha da daha sık görülür**(8).** Nörolojik semptomlar hastalarda farklılık göstermekle birlikte, görme bozukluğu, odaklanma zayıflığı, uyuşma ve karıncalanma, mesane ve bağırsak inkontinansı ve bilişsel işlev bozuklukları olarak ortaya çıkmaktadır. Lezyonun konumuna göre farklılık gösteren bu semptomlar genellikle akut relapslarla karakterize edilir ve ilk olarak genç yetişkinlerde gelişir. Sonrasında ise 10-15 yıllık bir süreçte aşamalı olarak ilerleyen bir seyir izlenir**(6).** Kognitif bozukluğun yaygınlığı zaman içerisinde değişiklik gösterebilir ve daha ileri yaşlarda ayırt edilmesi zor olabilir. MRG çalışmaları, beyin ağlarındaki yaygın değişikliklerin ve özellikle gri madde atrofisinin gelecekteki olası bilişsel fonksiyon bozuklukları ve gerilemenin erken bir belirteci olduğunu göstermektedir. Son yıllarda yapılan çalışmalarda klinik deneylerle, belleğin bilişsel eğitim müdahalelerine uygun olduğunun daha fazla gösterilmesini sağlayan Sembol Rakam Modaliteleri Testi ya da bilgisayar tabanlı analogları, bilişsel işlem hızı, kısalığı, güvenilirliği ve hassasiyeti sayesinde akut hastalık aktivitesi epizotlarını izlemek için kullanılabilir**(2,9).**

MS hastalığı oluşumunda, insan lökosit antijen (HLA)-kompleksi, Epstein-Barr virüsü (EBV) / mononükleoz enfeksiyon öyküsü, sigara içimi ve düşük güneş maruziyeti / D vitamini seviyeleri oldukça büyük bir etkiye sahiptir. Bu-

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Diğer nöroprotektif ajanların bir immünomodülatör ile kullanılması, MS tedavisinde mevcut ilaçların etkinliğini artırmanın bir yolu olarak önerilmekte ve olası önerilen bir nöroprotektif ajan olarak da pregabalin tedavisi bildirilmiştir**(104).** Benzer şekilde, remiyelinizasyon olmadan aksonları koruyan bir reaktif, bir immünomodülatör veya remiyelinizasyonu teşvik edici ajan ile eşleştirilebilecek bir protokole de ihtiyaç olduğu rapor edilmiştir**(100).** MS'te oksidatif stresin önemi giderek daha fazla tanınmaktadır**(105)** ve buna bağlı olarak oluşturulan kombinasyon tedavi protokolünde Glatiramer asetat ve epigallocatechin-3-gallate uygulanan EAE relapsing-remitting fare modelinde**(106)**, hastalığın başlangıcı önemli ölçüde geciktirilmiş, semptomların başlangıcından sonra bile klinik şiddeti büyük ölçüde azaltmış ve inflamatuar sızıntıları azaltılmıştır**(107).** Gelecekteki çalışmalar, sinerjistik etkiler uygulayabilecekleri ve kronik progresif hastalık hayvan modellerinde nöroinflamasyon, aksonal kayıp ve oksidatif stres gibi süreçleri hafifletmede tek başına etkili olduğu gösterilen ajanların kombinasyonunun etkinliğinin belirlenmesini ve bu yolla hastalık tedavisini amaçlamaktadır**(108).**

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