

Bölüm 19

HUZURSUZ BACAK SENDROMU

Şehnaz BAŞARAN¹

GİRİŞ

Huzursuz bacak sendromu (HBS), diğer adı ile Willis-Ekbom hastalığı, kontrol edilemeyen bir duyumsamaya bağlı olarak bacakları hareket ettirme dürtüsü ile meydana gelen kronik, sensorimotor hareket bozukluğudur. Özellikle bacaklarda ve daha az sıklıkta da kollarda gelişen, rahatsız edici düzeydeki bu hastalığın semptomları, geceleri istirahat döneminde belirgin olup, ekstremiteleri hareket ettirmekle azalır (1). Hastalık 1685 yılında ilk kez Sir Thomas Willis tarafından kollarda ve bacaklarda huzursuzluk nedeni ile uykuya dalmada güçlük çeken bir hastada tanımlanmıştır. 1945 yılında Ekbom hastalığına ait detaylı klinik özellikleri bir hasta serisinde ifade etmiş ve bu hastalığı ilk kez huzursuz bacak sendromu olarak adlandırmıştır. HBS'ye özgü ilk elektrofizyolojik değerlendirme ise 1962 yılında Cocogna tarafından yapılan poligrafik kayıtlama ile gerçekleştirilmiştir (2). Günümüzde HBS' nin hekimler tarafından yeterli düzeyde bilinmemesi, hastaların kendi yakınmalarının nörolojik nedeni olduğunu düşünmeyip farklı yönlemlere veya birimlere başvurması tanı ve tedavide gecikmelere sebep olmaktadır.

EPİDEMİYOLOJİ

Huzursuz bacak sendromunda tanının genellikle geç konulması nedeni ile, hastalığın sıklığı kesin olarak bilinmemektedir. Epidemiyolojik çalışmalarda, erişkinlerdeki HBS prevalansının %5-15 arasında değiştiği ve bölgesel farklılıklar gösterdiği bildirilmiştir (3, 4). Özellikle kuzey ülkelerinde (Amerika %10, Kanada %10-15, Avrupa % 5.5) hastalık sıklığının Asya (% 0.1- 12), Güney Amerika ve Uzakdoğu ülkelerine göre daha fazla olduğu tespit edilmiştir (5-7). Cinsiyet dağılımına bakıldığında, 35 yaş öncesi kadın ve erkek bireylerde eşit oranda görülürken, 35 yaş sonrası kadınlarda iki kat daha sık olduğu izlenmiştir (8). Berger ve ark. tarafından yapılan bir çalışmada, HBS'nin erkek bireyleri ve hiç doğum yapmamış kadınları eşit oranda etkilediği, doğum yapmış kadınlarda iseparite sayısı

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arttırdığı bildirilmiştir(68, 69). HBS tedavisinde pnömotik kompresyon cihazlarının kanıt düzeyi B, yakın kızılötesi spektroskopisi (NIRS) ve transkranyal manyetik stimülasyonun (TMS) kanıt düzeyi C'dir (51). Öte yandan, 2014 yılında Amerikan Gıda ve İlaç Kurumu (FDA) tarafından onaylanan titreşimli pedlerin olumlu etkisi subjektif olarak gösterilebilmiş,IRLSSGRS ve HBS'de yaşam kalitesi ölçeği gibi objektif testlerde herhangi bir değişiklik saptanmamıştır (70).

Huzursuz bacak sendromu, gebelerdesıklıkla 2. ve 3. trimesterde görülür (70). Medikal tedavi sadece alternatif yöntemler ile düzelme göstermeyen çok şiddetli vakalarda tercih edilmelidir. Farmakolojik tedavide kullanılabilecek ajanlar Karbiopa-ledopa, düşük doz klonazepam veya düşük doz oksikodon olarak sıralanabilir. Nonfarmakolojik tedavide ise, kişinin uyku saatlerine yakın olmayan zaman dilimlerinde, orta derecede ve abdominal bölgeyi zorlamayacak nitelikte bir egzersiz programı planlanmalıdır (71).

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