11.
BÖLÜM

Otizmde Kök Hücre Tedavisi

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GİRİŞ

Otizm spektrum bozukluğu (OSB) yaşamın ilk yıllarından itibaren gözlemlenen karşılıklı sosyal iletişim ve etkileşimdeki yetersizlikler, tekrarlayıcı sınırlı basmakalıp davranışlar, etkinlikler ve ilgilerle tanımlanan nörogelişimsel bir bozukluktur. Bu klinik tablo ilk kez 1943 yılında Amerikalı çocuk psikiyatristi Leo Kanner tarafından 11 olgu sunumu ile gündeme gelmiş ve infantil otizm olarak adlandırılmıştır. Kanner'ı takiben Viyanalı hekim Hans Asperger (1944) ''otistik psikopati'' olarak adlandırdığı klinik tablodan bahsetmiştir. Ancak bu tablo uzun yıllar sonra 1980'li yıllarda Lorna Wing tarafından ''Asperger Sendromu'' olarak tanımlanmıştır (1).

Otizm klinik tablosunun psikiyatrik tanı sınıflama sistemlerine girmesi 1980'de DSM-III ile başlamıştır. Amerikan Psikiyatri Birliği(APA 2013) tarafından en son yayımlanan ruhsal hastalıkları sınıflama sistemi DSM-V'te ise bu klinik tablodan ''Nörogelişimsel Bozukluklar'' başlığı altında ''otizm spektrum bozukluğu'' olarak söz edilmiştir. Önceki DSM sistemlerinden farklı olarak Asperger sendromu, atipik otizm, çocukluk çağı dezintegratif bozukluğu gibi alt gruplardan söz edilmemektedir ve çekirdek belirtiler üç yerine iki sınıfa ayrılmıştır (2).

Amerika Birleşik Devletleri'nin ''Hastalıkları Kontrol Merkezi (Center for Disease Control)''otizm prevalansını; 2006 yılında 1/150; 2012 yılında ise 1/88; 2014 yılında 1/68 olarak bildirmiştir (3). Bu veriler otizm prevalansının zaman içinde arttığını göstermiştir. Otizm sıklığında artış muhtemelen çevresel risk faktörleri

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sinde hücresel tedavilerin sınırlama hususları ve umut verici iyileştirici etkileri birlikte ele alındığında, kesin sonuçlar görebilmek için daha eksiksiz ve kapsamlı araştırmalara ve büyük denemelere ihtiyaç duyulacaktır.

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