

BÖLÜM 32

YENİDOĞAN DÖNEMİNDE GÖRÜLEN İNTRAKRANİYAL KANAMALAR

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TERM BEBEKTE İNTRAKRANİYAL KANAMA

Yenidoğan dönemi beyin gelişimi için kritik bir dönemdir ve intrakranial kanama (İKK) sıklıkla nörogelişimsel sorunlara yol açar. Bu sorunlar, yenidoğanın doğum haftasına bağlı beynin gelişim aşamasına, kanamanın yeri ve miktarına, altta yatan spesifik etiyoloji ve diğer eşlik eden bozuklukların varlığına bağlıdır. Term bebekte semptomatik intrakranial kanama sıklığı 1000 canlı doğumda 0,27-0,49 iken, asemptomatik bebeklerde insidental saptanan sıklık ise %25-26'dır.¹⁻⁴ Klinik olarak yenidoğan İKK tipleri; 1.Epidural kanama, 2.Subdural kanama, 3.Subaraknoid kanama, 4.Serebellar kanama, 5.İntraventriküler kanama ve 6.İntraparankimal kanama olarak sayılabilir. Term bebeklerde subdural kanama (SDK) prematüre bebeklere göre daha siktir ve çoğunlukla asemptomatiktir. Subaraknoid kanama (SAK) preterm bebeklerde term bebeklere göre daha sık görülür ve prognozu iyidir. İntraventriküler kanama (İVK)ve serebellar kanamalar da prematüre bebeklerde, zamanında doğan bebeklere göre daha sık görülür ve kanamanın genişliğine göre klinik ciddi seyredebilir. Term bebeklerde ise İVK perinatal travma, asfiksi

ve pıhtılaşma bozuklukları gibi eşlik eden durumların varlığında görülebilir.²

Subdural Kanama

Term bebeklerde en sık görülen intrakranial kanama subdural kanamadır (SDK). Vajinal doğumlarda sezaryen doğumlara göre daha sık görülmektedir ve vakum veya forseps kullanımını bu oranı daha da arttırır. Asemptomatik term yenidoğanlarda subdural kanamanın prevalansı kesin olataklık bilinmemekle birlikte çeşitli araştırmalarda %8 ile %46 arasında değişmektedir.^{2,4-9} Kombine supratentoryal ve infratentoryal kanama izole infratentoryal kanamadan daha sık görülür.²

Subdural kanamaya neden olan maternal faktörler (primipar ya da ileri yaş multipar anne, doğum kanalının dar olması), fetal faktörler (postmatürürite, prematürürite), doğum süreci (uzamış/hızlı doğum eylemi), prezentasyon anomalileri (makat doğum, yüz/ayak/alın geliş, forseps /vakum kullanımı) olarak sayılabilir. Subdural kanamanın altta yatan olası patofizyolojik mekanizması doğum sırasında oluşan frontooksipital bası ve başın ön-arka eksende aşırı gerilmesi sonucu tentorium ve/veya kortikal damarları köprüleyen venlerin yırtılmasıdır.²⁻⁷

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çük noktasal lezyonlar sadece kranial MRG ile (özellikle SWI sekansında) tespit edilebilmektedir.

Küçük ve noktasal serebellar kanamalar normal nörolojik muayene sonuçlarına sahip olabilirken; vermiş tutulumu ve büyük serebellar kanamalar daha ciddi nörogelişimsel bozukluklara yol açabilir. Büyük serebellar kanaması olan (>4 mm)prematüre bebeklerin; %30 - 100' ünde kaba ve ince motor gelişiminde gecikme, serebral palsy, hareket bozuklukları saptanmış olup; yaklaşık %35'inde de otizm spektrum bozuklukları, bilişsel ve sosyal-davranışsal işlevlerde bozukluk ile sosyalleşme güçlükleri geliştiği izlenmiştir.¹¹⁹⁻¹²¹ Benzer gebelik haftasındaki prematüre bebeklerden serebellar kanaması olan ve olmayan hastalar motor, bilişsel ve dil gelişimi açısından 2 ila 3 yaş arasında değerlendirildiğinde serebellar kanaması olan preterm bebeklerin, anlamlı derecede daha ciddi motor yetersizliklere, dil gecikmelerine ve bilişsel eksikliklere sahip olduğu görülmüştür.¹²¹

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