BÖLÜM 94

SEKONDER LÖKOSENSEFALOPATİLER

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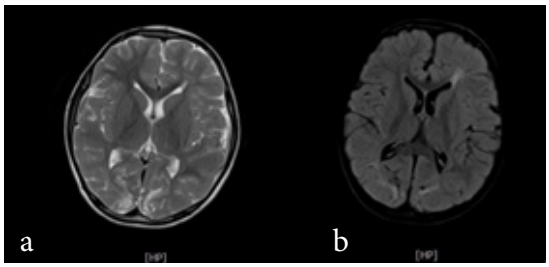
GİRİŞ

Etiyolojileri farklı olmasına rağmen; sekonder lökoensefalopatiler olarak gruplanan hastalıklarda da lökodistofilere benzer görüntüleme bulguları görülebilmektedir. Beyaz cevherde hipoksi ve perinatal etkilenmeler nedeni ile oluşan statik hasarlardan; çevresel, toksik, metabolik, hemodinamik bozukluklara bağlı akut gelişen ve geri dönüşümlü olabilen bazı durumlardan bu bölümde bahsedilecektir.[1]

HİPOKSİK İSKEMİK LÖKOENSEFALOPATİ

Hipoksik iskemik ensefalopati (HİE) hipoksi, boğulma, hava yolu tıkanıklığı veya kardiyopulmoner arrest gibi ani ve belirgin bir tetikleyici olaydan sonra gelişen lökoensefalopatinin genel bir tanımıdır. Aynı zamanda yenidoğanda; antenatal, perinatal veya postnatal olarak ortaya çıkan hipoksik iskemik olaylar, ensefalopatinin yaygın bir nedenidir.

HİE'nin diğer nedenleri arasında masif kanama veya kardiyak aritmilerin neden olduğu ciddi hipotansiyon ve karbon monoksit zehirlenmesinin neden olduğu hipoksemi yer alır. Hipoksi veya hipotansiyonun süresi ve şiddeti ve hastaya ait faktörler, nörolojik hasarın derecesini önemli bir düzeyde etkiler[2,3] (**Resim 1).**



Resim 1. Prenatal hipoksi ve hipoglisemiye bağlı lökoensefalopatinin T2 ve FLAIR aksiyel kesitlerde MRI görüntüleri. Beş yaşında erkek hasta, hafif nöromotor gerilik, az görme ve nöbet şikayetleri ile başvurdu. Term asfiktik doğan hastanın yenidoğan yoğun bakım yatışında hipoglisemi öyküsü de mevcuttu.

PERİVENTRİKÜLER LÖKOMALAZİ

Periventriküler lökomalazi (PVL) veya periventriküler bölgeleri etkileyen prematüre beyaz cevher hasarı, en sık 30 gestasyon haftası veya 1500 gram altında doğum ağırlığı ile doğan bebeklerde görülür. Etkilenme derecesine göre serebral palsi, zihinsel yetersizlik ve görme yolları kusurları ile nitelenir.[4,5]

Patolojisinde özellikle prematürelerde periventriküler alanda bulunan sulama alanlarındaki bozulmuş perfüzyondan kaynaklanan hipoksik-iskemik lezyonların bir sonucu olarak ortaya çıkar. Benzer şekilde enfeksiyon veya vaskülitin

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İlaç veya toksin kaynaklı lökoensefalopati tablosunda hızlı tanının önemi büyüktür. Temel tedavi prensibi ajandan uzaklaşmak veya ajanın kesilmesidir. Ancak ilaçlar söz konusu olduğunda; ilacın devam etmesi veya kesilmesi, hastanın kliniği ve ilacın gerekliliği düşünülerek karar verilmelidir.

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