

BÖLÜM 110

HAREKET BOZUKLUKLARI VE SPASTİSİTEDE CERRAHİ TEDAVİ SEÇENEKLERİ VE NÖROMODÜLASYON

Halil ULUTABANCA¹
Berat ERTURHAN²

GİRİŞ

Hareket bozuklukları pediatrik nörolojide sık görülen nörolojik rahatsızlıklardır ve çocuk nörolojisi kliniklerine en sık başvuru nedenlerinden biridir.¹ Çocukluk çağı hareket bozuklukları etiyoloji, zamanlama, tedavi ve erişkinlik dönemindeki hareket anormalliklerine yönelik prognoz açısından farklıdır.^{1,2}

Bu bozukluklar, bozulmuş istemli hareketler, istemsiz hareketlerin varlığı veya her ikisi ile karakterizedir. Dinamik bozukluklardır ve şiddetleri ve dağılımları zamanla değişebilir.²

Geleneksel olarak hareket bozuklukları hiperkinetik ve hipokinetik bozukluklar olarak sınıflandırılır. Hiperkinetik hareket bozuklukları anormal tekrarlayan istemsiz hareketler (kore, distoni, atetoz, miyoklonus, stereotipler, tikler ve tremor) ile belirlenir. Aksine hipokinetik hareket bozuklukları, istemli hareketlerde azalma ve akinezi ile kendini gösterir.^{3,4} Pediatrikte hipokinetik hareket bozuklukları çok nadirdir görülür. Bu bölümde kısaca hareket bozuklukları ve spastisite hakkında bilgi verilip bu hastalıkların tedavisinde kullanılan cerrahi yöntemlerden bahsedilecektir.

KORE

Düzensiz, rastgele, kaotik, kısa ve amaçsız hareketler vücudun bir bölümünden diğerine akabilir.⁵ Bu hareketler isteyerek bastırılmaz.^{5,6} Kore vücudun herhangi bir bölgesinde olabilmekle birlikte en çok boyun ekstremite proksimal kısımları yüz ve gövdeyi tutar. Koreli çocukların çoğunda beyin hasarı öyküsü olmasına rağmen, nadir görülen genetik nedenler göz önünde bulundurulmalıdır.⁶ Atetoz, ekstremite distal kısmının proksimalden daha fazla tutulduğu, daha yavaş ve kıvranan bir kore şeklidir. Buna karşılık, Ballismus, esas olarak proksimal ekstremleri ve kasları içeren yüksek genlikli, güçlü ve savurgan bir kore şeklidir.⁵⁻⁷ Ballismus korenin daha ciddi bir tipi olarak kabul edilmektedir. Kore'nin sayısız nedeni vardır. Serebral palsi, serebral vaskülit, beyin tümörleri, ensefalit, mitokondrial bozukluklar antiepileptik ilaçlar bunların bazılarıdır.⁶⁻⁸

Patofizyolojik olarak kore tipik olarak striatum veya subtalamik çekirdeğin işlev bozukluğu nedeniyle oluşur.

¹ Dr. Öğr. Üyesi Erciyes Üniversitesi Tıp Fakültesi, Beyin ve Sinir Cerrahisi Kliniği, ulutabanca@erciyes.edu.tr

² Arş. Gör. Erciyes Üniversitesi Tıp Fakültesi, Beyin ve Sinir Cerrahisi Kliniği, mehmeterturhan@erciyes.edu.tr

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