BÖLÜM 136

İDİYOPATİK İNTRAKRANİAL HİPERTANSİYON (PSÖDOTÜMÖR SEREBRİ SENDROMU)

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TANIM

Daha önce psödotümör serebri; meningeal hidrops; seröz menenjit olarak adlandırılan, hidrosefali veya kitle lezyonu olmaksızın ve normal BOS kompozisyonu ile birlikte baş ağrısı, papilödem, nabızla eşzamanlı kulak çınlaması (pulsatil tinnitus), geçici görme bulanıklıkları, görme kaybı, boyun veya sırt ağrısı ve diplopi gibi kafa içi basınç artışı sendromu klinik bulguları ile karakterize edilen, şimdiki adıyla da idiyopatik intrakranial hipertansiyon (İİH) olarak adlandırılan bu klinik tablo aslında bir dışlama tanısıdır.[1–3] Baş ağrısı en sık semptomdur. İİH, tanımlanabilir bir neden olmaksızın kafa içi basıncın (İKB) yükselmesi ile karakterizedir ve benign intrakranial hipertansiyona bağlı baş ağrısı tanısı koyabilmek için kafa içi basınç artışı sendromunun diğer nedenlerin dikkatli bir şekilde dışlanması ve aşağıdaki **İİH** tanı kriterlerinin (Şekil 1) karşılanması gereklidir.[4] Çoğunlukla doğurganlık çağında obez kadınlarda görülen İİH çocuklarda da sıklıkla görülmektedir; erken tanı ve hızlı müdahale, semptomları kontrol altına almanın ve görme fonksiyonlarını korumanın mihenk taşıdır. Kilo verme ise tedavinin mihenk taşı olarak kabul edilir, ancak ilaçlar ve şeçilmiş vakarda cerrahi yaklaşım da intrakranial basıncı (İKB) düşürmeye yardımcı olabilir.[5,6]

İdiyopatik intrakranial hipertansiyon yönetimi konusunda konsensus kriterlerinin belirlendiği klavuzda aşağıdaki tanımlamalar getirilmiştir;[9]

Adult/yetişkin: 16 yaşından büyük tüm hastalar.[9]

Tipik İİH: doğurganlık çağındaki ve vücut kitle indeksi (VKİ ya da BMI) 30 kg/m^2'nin üzerinde olan kadın hastalar.[9]

Atipik İİH: doğurganlık çağında olmayan kadın hastalar ya da VKİ 30 kg/m^2'nin altında olan hastalar. Bu hastalar, altta yatan başka bir neden olmadığından emin olmak için daha derinlemesine araştırma gerektirir.[9]

Papilödemsiz İİH: İİH'nin nadir bir alt tipidir ve papilödem yokluğunda kesin İİH'nin tüm kriterlerini karşılayan hastalarda görülür. Kriterlerde, 25 cm BOS'tan daha yüksek bir basıncın önemi ve patolojik olarak artmış İKB'ı düşündüren ek özelliklerin gerekliliği vurgulanmıştır (Şekil-1); bu olgularda VI.kranial sinir felci ve yüksek İKB'nı destekleyen MRI görüntüleme bulguları gibi özellikler aranmalıdır.[9]

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ONSF veya venöz sinüs stentleme) düşünülmelidir.[17]

İİH özellikle kilo alımı ile ilişkili olarak relapslara eğilimli kronik bir hastalıktır. Bu durum, hastaların uzun süreli izlemini gerektirir. Kilo verme tedavinin mihenk taşıdır. Dirençli baş ağrıları, görme kaybı ve birlikte var olan psikososyal sorunların yönetimini optimize etmek için hastaların deneyimli klinisyenlerden oluşan multidisipliner bir ekip tarafından değerlendirilerek takip ve tedavilerinin düzenlenmesi son derece önemlidir. Görme kaybı, papilödem ve semptomların şiddeti tedavi kararlarını etkilediğinden, oftalmik sürveyans çok önemlidir; izlemin zamanlaması, başvuru sırasındaki semptom ve bulguların ciddiyetine, tedaviye yanıta ve sonraki klinik seyire göre planlanır. [17,86]

PROGNOZ

Humphrey görme alanı performansı ve görme keskinliği gibi sonuç ölçütlerini çocuklarda elde etmek daha zor olabilir; bununla birlikte, çocuklarda bu sonuçların değerlendirildiği birkaç çalışma vardır.[40,94] Baş ağrısı ve kalıcı görme kaybı, bulgularının her ikisi de İİH olgularında yaşam kalitesi üzerine olumsuz yönde etki yapan iki ana komplikasyondur. Baş ağrısı tipik olarak ilk birkaç hafta içinde düzelen ilk semptomdur. Papilödem ortalama 4.2-5 ay arasında düzelir.[45] Pediatrik olguların değerlendirildiği bir çalışmada, İİH'li 68 çocuktan %3'ünde hafif görme bozukluğu, %4'ünde yalnızca minimal görme kusuru ve bir hastada ciddi görme kaybı gözlenmiştir.[95] Evre 3. veya daha yüksek derece papilödemin olgularda görme kaybı ile birlikte, kalıcı görme kusurları için bir belirteç olduğunu gösterilmiştir.[96] Tüm hastalar için nüks oranının yaklaşık %18-20 olarak tahmin edilmektedir.[45,95] Olguların çoğunda, ikinci atak, remisyondan sonraki ilk yıl içinde meydana gelir.[95] Nüks için kilo alımı önemli bir risk faktörüdür, nüks sırasında, hastaların VKİ'si ilk tanı anındakinden ortalama %5.5 daha yüksektir. Bu nedenle tüm hastaların tedavi süresince kilo vermesi önemlidir.[97]

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