

BÖLÜM 137

SPONTAN İNTRAKRANYAL HİPOTANSİYON

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GİRİŞ

İntrakranyal basınç dinamiklerini beyin omurilik sıvısının (BOS) üretimi, emilimi ve akışı belirler.¹ BOS basıncı ve volümündeki azalma intrakranyal hipotansiyon olarak tanımlanır ve başta ortostatik karakterde baş ağrısı olmak üzere çeşitli nörolojik semptomlara neden olabilir.

Spontan intrakranyal hipotansiyon (SIH) nadir olmakla birlikte, giderek daha fazla tanınmaktadır. Bu sendromun başlıca özellikleri ortostatik baş ağrısı, BOS basıncında azalma ve manyetik rezonans görüntüleme yaygın meningeal kontrastlanmadır.

SIH yerine geçmişte spontan veya idyopatik düşük BOS basınçlı baş ağrısı, düşük BOS hacimli baş ağrısı, BOS azalması baş ağrısı, BOS yokluğu baş ağrısı, BOS kaçığına bağlı baş ağrısı, BOS hipovolemisi, BOS hacminde azalma gibi terimler kullanılmıştır.¹ Bazı yazarlar BOS kaçığıyla ilişkili semptomlar olduğunda 'BOS hipovolemi sendromu' terimini kullanmanın daha doğru olduğunu önermektedir.²

ETYOLOJİ VE PATOFİZYOLOJİ

İntrakranyal hipotansiyon spontan, dural ponksiyon sonrasında veya travmayla ilişkili

olarak gelişebilir. Spontan BOS kaçığı gelişen olgularda kalıtsal bağ dokusu hastalıkları ve vasküler anomalilerin dışlanması gerekir. SIH etyolojisinde yer alan hastalıklar Tablo 1'de gösterilmiştir.

Tablo 1: Spontan intrakranyal hipotansiyon etyolojisi^{9,10,11,27}

Kalıtsal Bağ dokusu Hastalıkları

Marfan sendromu
Ehler-Danlos sendromu (özellikle tip II)
Otozomal dominant polistik böbrek hastalığı
İzole eklem hipermobilitesi
Spontan retina ayrışması sendromu
Sınıflanamayan bağ dokusu hastalıkları

Diğer nedenler

Meningeal divertikül
Kalsifiye disk protrüzyonu veya osteofitlere bağlı ventral dural yırtıklar
BOS-paraspinal venöz fistüller
Gizli/minör travmalar

Nedeni saptanamayanlar

Normal kranyal-spinal anatomik yapıda beyin BOS tarafından desteklenir. Beynin ağırlığı normalde yaklaşık 1,500 g iken, BOS içinde 48 g'a denk gelir.³ BOS basıncı azaldıkça beyin parenkimini destekleyen kaldırma kuvvetinde

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