BÖLÜM 22

HAREKET BOZUKLUKLARINDA ACİLLER

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GİRİŞ

Hareket bozuklukları tipik olarak ayaktan tedavi edilebilen durumlardır. Bununla birlikte, akut şiddetli fenotip veya akut dekompansasyon ile de ortaya çıkabilirler. Bir hareket bozukluğu, akut veya subakut olarak saatler veya günler içinde gelişebilir; tanı ve tedavideki gecikmeler önemli morbidite ve mortaliteye neden olabilir. Hareket bozukluğu acil durumları genel olarak hipokinetik veya hiperkinetik olabilir. Bu bölümde, hareket bozukluklarındaki acil durumlar, yönetimleri ve tedavileri gözden geçirilmiştir.

DİSTONİ

Distoni, düzensiz bükülme hareketleri ve uzun süreli duruşlarla karakterizedir. Tablo 1'de acil distoni nedenleri özetlenmiştir. Akut fokal distoni genellikle ilaca bağlıdır ve tipik olarak ilaç başlandıktan sonraki 24 saat içinde gelişir. Tortikollis, laringeal distoni, blefarospazm, trismus ve okülojirik kriz ile ortaya çıkabilir.[1] Her ne kadar tedirginlik verici olsa da, akut distonik reaksiyonlar genellikle kendi kendini sınırlar. Tedavide L-dopa, antikolinerjikler ve benzodiazepinler kullanılabilirken intravenöz antikolinerjikler (biperiden, prosiklidin vb.) distonik reaksiyonların hızlıca düzelmesini sağlayabilir. Ancak antikolinerjik ilaçlara oral yolla devam edilmelidir. İlaç ile tetiklenen distoni durumlarında tetikleyici ilacın kesilmesinden sonraki 4-7 gün antikolinerjik ilaçlara devam edilip, sonrasında azaltılarak kesilebilir.[1]

STATUS DİSTONİKUS

Nadir görülen ancak hayatı tehdit eden, jeneralize ve aralıksız şiddetli distonik spazm durumudur. Genellikle önceden jeneralize distonisi olan kişilerde haftalar veya aylar sonra kademeli olarak gelişir. İlaç eklenmesi / kesilmesi, enfeksiyon, hipertermi, dehidratasyon, travma, Wilson hastalığında penisilamin tedavisi gibi durumlarla tetiklenen bir olaydır. Sürekli kas spazmı, hiperpireksi, dehidratasyon ve buna bağlı böbrek yetmezliği, aspirasyon pnömonisi, solunum yetmezliği ve nihayetinde rabdomiyoliz ile çoklu organ yetmezliğine yol açabilir.[3] Status distonikus, standart oral antidistonik ilaçlara sıklıkla yanıt vermez. Yakın zamanda tedavisi kesilmiş tüm ilaçlar yeniden başlatılmalıdır. Altta yatan tetikleyici ilacı kesmek ve destekleyici yönetim sağlamak yeterli olabilir. Midazolam, distoni veya status

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