

BÖLÜM 17

ATAKSI

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GİRİŞ

Ataksi, Yunanca a (olmadan), taktos (düzen) kelimesinden köken alır ve düzen eksikliği anlamına gelir. İnsan vücudunun düzgün, tam ve dengeli (koordine) motor hareketlerinin bozulması olarak tanımlanmaktadır. Klinik pratikte sıklıkla serebellumun birincil veya ikincil etkilenmesi sonucu ortaya çıkan serebellar disfonksiyon ile ilişkili yürüme güçlüğü/bozukluğunu tanımlamak için kullanılır. Ancak ataksi sadece serebellum ile ilişkili yürüme bozukluğu olarak ele alınmamalıdır. Frontal loblar, vestibüler çekirdekler, serebellumun efferent ve afferent yollarını ilgilendiren bozukluklar sonucu, spinal kord yoluyla beyni etkileyen hastalıklar sonucu, periferik sinirlerden kaslara kadar duyuşsal yollarda ortaya çıkan patolojiler sonucu, ayrıca fonksiyonel nedenlere bağlı olarakta görülebileceği ayırıcı tanıda göz önünde bulundurulmalıdır (Tablo 1). Bu doğrultuda ataksi, lokalize olmayan bir şikayettir. Öykü ve eşlik eden diğer fizik muayene bulguları ile birlikte kullanılacak yardımcı tanı yöntemleri lokalizasyonun belirlemesine katkı sağlayacaktır.¹⁻⁴

Özellikle küçük çocuklarda ataksinin tanınması zor olabilir, göz ardı edilebilir ve koordi-

nasyonun gecikmesiyle ile karıştırılabilir. Öykü ve fizik muayene ayırıcı tanıda yol göstericidir. Ataksi etiyolojik olarak geniş bir yelpazeye sahiptir. Geçici ve iyi huylu basit bir nedenden özellikle şiddetli ve yaşamı tehdit eden bir nedene kadar değişim gösterebilir. Etiyolojisine göre ataksi, edinilmiş, kalıtsal veya sporadik olabilir. Tedavi edilebilir ve yaşamı tehdit eden durumların tanısı ve progresif, dejeneratif ve yıkıcı olanlardan ayırt edilmesi önemlidir.⁴⁻⁹ Bu doğrultuda Tablo 2'de çocuklarda başlıca ataksi nedenleri verilmiştir.

Ataksi klinik seyrine göre akut, aralıklı/epizodik-rekürren/tekrarlayan, kronik-ilerleyici olmayan ve kronik-ilerleyici olarak ayırt edilebilir.⁴⁻⁹ Klinik pratikte bu şekilde sınıflama, öykü ve fizik muayene ile birlikte hem hayatı tehdit eden durumların ayırıcı tanısına hem de olgularının erken tanı ve tedavisine katkı sağlayacaktır. Bu sınıflama ekseninde çocuğunun yaşında dikkate alınmalıdır.¹⁰

Akut Ataksiler

Daha önceden sağlıklı olan bir çocukta 72 saatten kısa sürede (<72 saat) yürüme veya ince motor hareketlerde gözlenen dengesizlik olarak tanımlanır. Bebeklerde ve çocuklarda akut veya subakut olarak ortaya çıkabilir.^{1,9} Bazı

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edilebilir kalıtsal ataksi nedenleri Tablo 12'de verilmiştir.^{7,51}

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