

BÖLÜM 10

ÇOCUK VE ERGENLERDE NARKOLEPSİ

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Giriş

Narkolepsi, klinik bir tablo olarak ilk defa 1877 yılında, Almanya'da Westphal ve 1880 yılında Fransa'da Gelineau tarafından bildirilmiştir (1). Bu klinik tablo, gündüz aşırı uykululuk hâli ile giden bir nörolojik bozukluk olarak tanımlanmıştır. Ayrıca narkolepsi tanılı hastaların üçte ikisine yakını, ani duygusal durumlar (öfke, kahkaha vb.) ile tetiklenen katapleksi (kas tonusunda azalma) yaşamaktadır ve bu durum gündüz aşırı uykululuk hâline en sık eşlik eden bulgudur (2-4). Bununla birlikte narkolepsi tanılı hastalarda eş zamanlı uyku paralizi, hipno-kojik ve hipnopompik halüsinasyonlar, parçalanmış gece uykusu da sık olarak görülmektedir (4). Narkolepsi başlangıç yaşının, sıklıkla ergenlik dönemi olması ve diğer psikiyatrik durumlar ile belirtilerinin sık karışabilmesi, diğer psikiyatrik hastalıklara eşlik edebilmesi nedeni ile dikkate alınması gereken önemli bir uyku bozukluğudur.

Tanım

Gündüz aşırı uykululuk hâli, narkolepsinin çocuk ve ergenlerde en sık ve genellikle ilk görülen bulgusudur (5, 6). Çocuk ve ergen narkolepsisinde, erişkin narkolepsisinden farklı olarak gündüz aşırı uykululuk hâlinde, gündüz uyuklamaları daha uzun süreli ve daha az dinlendirici olabilmektedir (7, 8). Katapleksi, narkolepsiye aşırı uykululuk halinden daha fazla özgün bir klinik durumdur (9). Çocuk

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Narkoleptik hastalarda IVIG, sistemik steroid ve plazmaferez ile ilgili çalışmalar mevcuttur. Yapılan çalışmalarda, sistemik steroid ve plazmaferez etkisiz bulunmuştur (67, 68). IVIG tedavisi açısından bakıldığında ise etkili olduğu bildiren çalışmalar olmakla birlikte genel anlamda bu çalışmaların deseni, vaka sayısı yeterli değildir ve bu konuda daha fazla çalışmaya ihtiyaç vardır (52, 69).

Sonuç

Narkolepsi başlangıç yaşının sıklıkla ergenlik dönemi olması ve belirtilerinin diğer psikiyatrik durumlar ile sık karışabilmesi, diğer psikiyatrik hastalıklara eşlik edebilmesi nedeni ile dikkate alınması gereken, önemli bir uyku bozukluğudur. Tanının gecikmesi, çocuk ve ergenlerin akademik becerilerini, günlük sosyal yaşam kalitesini bozmaktadır. Bu nedenle, uyku bozukluğu şikâyeti ile çocuk ve ergen ruh sağlığı kliniğine başvuran tüm çocuk ve ergenlerde akıldta tutulmalıdır.

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