BÖLÜM 11

Multiple Skleroz Rehabilitasyonu

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GİRİŞ

Multipl skleroz (MS), merkezi sinir sisteminin etiyolojisi tam olarak anlaşılamayan kronik inflamatuar demiyelinizan bir hastalığıdır. Hastalığın patolojisi ve semptomları ilk olarak 1868'de Jean-Martin Charcot tarafından tanımlanmıştır (1).

Multiple skleroz genç ve orta yaşlı bireyleri etkileyen kronik nörolojik özürlülüğe yol açan en sık nedenlerden biridir. Hastalık insidansının coğrafik enlem ile ilişkisi olduğu, insidansın enlem yükseldikçe arttığı ve ekvatora yaklaştıkça MS vakalarının sayısının azaldığı belirtilmektedir. Hastalığın prevalansı ekvator bölgelerinde 1/100.000'in altındadır ve yapılan araştırmalar en yüksek prevalans bölgelerinin Avrupa, Kuzey Amerika, Güney Avustralya ve Yeni Zelanda olduğunu göstermektedir. Bununla birlikte dünyada yaklaşık 2,5 milyon MS tanılı hastanın bulunduğu ve dünya çapında sayılarının gittikçe arttığı bilinmektedir (1,2).

Hastalığın kliniğini oluşturan demiyelinizan lezyonların oluşumunda çevresel ve genetik faktörlerin yanı sıra otoimmün süreçlerin anahtar rol oynadığı düşünülmektedir. Hastalığın patofizyolojisine yönelik araştırmalar demiyelinizan değişikliklerin özellikle serebral kortex ve gri maddede ve ayrıca bazal nukleus ve serebellar kortekste olduğunu göstermiştir (3). Bununla birlikte hastalığın hem

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