

# BÖLÜM 13

## Meningomiyelosele ve Diğer Spina Bifida Formları ve Rehabilitasyonu

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### GİRİŞ VE TERMINOLOJİ

Spinal disrafizm, nöral tüp defektleri ailesinden bir grup patolojiyi ifade eder. Terminoloji karmaşıktır. Spinal disrafizmin ilk tanımını Dr.Casper Bauhin 1592 yılında yapmış, Spina Bifida terimini 1641 yılında Nicholas Tulp kullanmıştır . Omurganın arka nöral elemanlarının orta hat kapanma kusurudur. Yaşla bağdaşmayan formlardan nörolojik bir tutulumun olmadığı formlara değişen geniş bir klinik görünüm vardır. Spina Bifida (SB) hem açık hem de kapalı defektleri içerir. Meningomiyelosele= Miyelomeningosele (MMC) en sık görülen ölümcül olmayan açık nöral tüp defektidir. Spina bifida denildiğinde ilk akla gelen defektir. Ve en fazla rehabilitasyona gereksinimi olan hastalardır. Literatürdeki çalışmaların çoğu MMC’i içermektedir (1, 2)

### SINIFLAMA

Spinal disrafizmler; spina bifida okkulta (=kapalı spinal disrafizm) ve spina bifida aperta (=açık spinal disrafizm) olarak 2 ana grupta sınıflandırılmaktadır.(1,2,3)

### 1.Kapalı Spinal Disrafizm= Spina Bifida Okkulta

Beynin tutulmadığı sadece omurga tutulumunun olduğu, derinin tamamen epitelize olup açıkta herhangi bir nöral dokunun olmadığı orta hat kapanma kusuru-

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12. Mental Saęlık: MMC'li yetiřkin bireyler, genel popölasyona kıyasla daha yüksek anksiyete ve depresyon oranlarına sahiptir. Bu durumu aęrı olumsuz etkilerken; aile desteęi olumlu etkilemektedir(67).

## SONUÇ

MMC ve tüm dięer Spina Bifida formları multidisipliner bir yaklařımla, aile ve hasta katılım odaklı, tecrübeli ve bilgili bir ekip ile tedavi ve takip edilmelidir. Her yařa özgü olabilecek klinik tablolar, komplikasyonlar iyi bilinmeli, özellikle artan yetiřkin hasta popölasyonu nedeniyle, yetiřkin problemleri de iyi bilinmeli ve zamanında tespit edilip tedavileri yapılmalıdır.

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