15.
BÖLÜM

TİROTOKSİK PERİYODİK PARALİZİ

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TANIM

Tirotoksik periyodik paralizi (TPP) bir tirotoksikoz komplikasyonudur. Hipopotasemi ile seyreden, potansiyel olarak hayatı tehdit eden, alt ekstremitelerden başlayarak yukarı doğru respiratuvar sisteme kadar yayılabilen flask bir paralizi şeklindedir ve nadir görülür.

ETİYOLOJİ

En sık nedeni Graves hastalığı olmakla birlikte Toksik nodüler guvatr, Plummer hastalığı, Jod Basedow feomenine bağlı gelişmiş tirotoksikoz, iyatrojenik tirotoksikoz, tiroidit, TSH salgılayan hipofizer adenom ve amiodarona bağlı tirotoksikoz olarak sıralayabileceğimiz tirotoksikoza neden olan herhangi bir hastalık tablosunda görülebilir (1, 2). Paralizi atağını tetikleyen faktörler; karbonhidrat ağırlıklı bir öğün, ağır bir egzersiz, fazla miktarda tuz alımı (sodyum), stres, travma ve ilaçlardır (diüretikler, östrojen preparatları, asetazolamid, epinefrin, laksatifler, kortikosteroidler, nonsteroid antiinflamatuvar ilaçlar, florokinolonlar, meyan kökü, aminoglikozid grubu antibiyotikler ve ekstazi (1, 3, 4, 5, 6, 7, 8).

EPİDEMİYOLOJİ

Hastalık Asyalılarda daha sıktır. İnsidansı Japon tirotoksik hastalarda %1.9, Çinli tirotoksik hastalarda %1.8 olarak bildirilmiştir (6, 9). Asyalı olmayanlarda insidansı %0.1-0.2 dir (4).

Tiroid hastalıkları kadınlarda daha sıktır. Bununla birlikte tirotoksik periodik paralizi erkeklerde daha sıktır (10, 11). Japon tirotoksik erkeklerde insidans %4.3 iken kadınlarda %0.04 dür (12). Yine Çinli tirotoksik hastalar içinde erkeklerde insidansı %13, kadınlarda insidansı %0.13 olarak bildirilmiştir (6).

Atağı ilk kez yaşayan hastaların %80 inin yaşı 20-39 arasındadır (4, 6, 13).

PATOGENEZ

Tirotoksik periyodik paralizi atağında dikkat çeken iki bileşen vardır; hipopotasemi ve flask paralizi. Ekstrasellüler potasyum dengesini vücut potasyumunun en büyük deposu olan çizgili kaslar sağlar. Sarkolemmada bulunan Na-K ATPaz pompası potasyumun hücre içine geçişini düzenlerken Kir ise hücre dışına geçişini düzenler (14). Tirotoksikoz hem di-

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