SEREBRAL PALSİDE NÖROŞİRÜRJİKAL YAKLAŞIMLAR

6. BÖLÜM

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Nöroşirürjiyenler uzun yıllardır üst motor nöron problemlerini tedavi etmekte önemli rol oynamışlardır. Üst motor nöron problemlerinin başlıcaları kaslarda hiperaktiviteye bağlı spastisite veya distonilerdir. Spastisite tedavisinde sinir lezyon işlemleri ilk olarak yirminci yüzyıl başlarında kullanılmaya başlanmıştır. Giderek modifikasyonlar ve yenilikler ile günümüze kadar bu tedaviler gelmiştir (1). İntratekal infüzyon aletleri yerleştirme ve derin beyin sitümülatörlerindeki gelişmelerden dolayı nöroşirürjiyenlerin rolü, serebral palsi cerrahisinde giderek artararak devam etmektedir. Bu bölümde spastisite cerrahisinde yapılan sinir lezyon cerrahileri (selektif periferik nörotomi, selektif dorsal rizotomi, dorsal root giriş zone lezyonları) ve distoni tedavisi için derin beyin sitimulasyonu işlemleri ve intratekal baklofen uygulaması anlatılacaktır. Tüm bu cerrahi tedaviler multidisipliner ekip çalışması sonunda uygun hastalara uygulanmaktadır (2).

Spastisite kas sertliği, ağrı, rahatsızlık ve azalmış fonksiyona sebep olur. Serebral palsili (SP) hastaların kasları daha küçük, zayıf ve farklı bir histolojiye sahiptirler. Bunların yanında, spastisite daha kısa kaslara, kontraktür gelişimine, uzun kemiklerde torsiyona ve eklemlerde dejenerasyona da sebep olur. Çocuk hastalarda sıklıkla çok seviye ortopedik cerrahi girişime ihtiyaç duyulur. Yumuşak doku gevşetme, femoral osteotomiler ve kalça rekonstrüksiyonları bu cerrahi girişimlerden bazılarıdır (3). Spastisite istemli hareketleri zora sokarak büyümeyle birlikte deformitelere sebep olabilir. Spastisite azaltıldığında

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