

# SEREBRAL PALSİYE KLİNİK YAKLAŞIM

## 1. BÖLÜM

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Serebral palsi, gelişmekte olan beyinde, intrauterin dönemde veya yaşamın ilk aylarında lezyon veya zedelenme sonucu oluşan, hareket ve postürde kısıtlamaya neden olan motor fonksiyon kaybı, postür ve hareketteki bozulmadır (1). Hasar, prenatal, perinatal ve postnatal olarak gerçekleşebilir. İlerleyici ve dejeneratif beyin lezyonlarını kapsamaz. Hastalık kendi başına progresif olmamakla birlikte, santral sistemdeki maturasyon ile birlikte klinik yansımaları zamanla değişebilir. Hastalığın insidansı 1000 canlı doğumda 2-3 arasındadır. Prematürite ve düşük doğum ağırlığı önemli risk faktörleri arasındadır. Bunun yanı sıra maternal infeksiyonlar, çoklu doğumlar gibi diğer faktörler de önemlidir (2). Motor defisit, aktivitelerdeki ve fonksiyonel hareketlerdeki limitasyonlar ile kendini gösterir (Resim 1).

Duyu ve algılamadaki bozukluklar, bilişsel yetersizlik, iletişim ve davranışsal sorunlar, nöbet geçirme, kas ve iskelet sistemi komplikasyonları bulunabilir.

Motor defisit, fonksiyonel kısıtlılıklara neden olur. Birçok olguda sorun, gelişmekte olan fetal beyindeki erken dönem hasarlardan (intraserebral kanama, periventriküler lökomalazi gibi) kaynaklanır (3). Bir çalışmada ise bu sıklık %88.3 bulunmuştur. En sık görülen kranial görüntüleme bulguları periventriküler beyaz cevher değişikliği (% 42.5), bazal ganglion hasarı (% 12.8), kortikal ve subkortikal hasardır (% 9.4) (4).

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anormallikler, kas güçsüzlüğünden kaynaklanan hipoventilasyon durumları da çocuklarda uyku bozukluklarına yol açmaktadırlar. Bunlar da bu olgularda yaşam kalitesini önemli ölçüde etkiler (13).

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