

# BÖLÜM 1

## PARKİNSON HASTALIĞI

Ülkü Figen DEMİR<sup>1</sup>

### 1. GİRİŞ

Parkinson hastalığı, hipokinetik hareket bozukluklarından olup, substantia nigra daki Dopaminerjik nöronların dejenerasyonu sonucunda ortaya çıkan, yavaş ve progresif seyirli bir nörodejeneratif hastalıktır. Bu hastalığı ilk olarak 1817 yılında James Parkinson “An essay on the shaking palsy” isimli makalesinde tanımlamıştır (1), daha sonra 19. YY’ da Charcot hastalığa “maladie de Parkinson” ismini vererek J. Parkinson’ u refere etmiştir (2). Hastalığın patogenezinde Nigro-sitriatal yolaktaki dopamin eksikliği olduğu ise, 1960 yılında Ehringer and Hornykiewicz tarafından keşfedilmiş olup (3, 4), bu keşif hastalığın tedavisine temel olan Dopaminerjik ilaçlar için öncü olmuştur.

Parkinsonizm kavramı ana başlığı ifade ediyor olmakla birlikte primer ve sekonder parkinsonizm olarak iki alt başlıktan oluşmaktadır. Parkinson hastalığı ise idiopatik parkinsonizm yapan nedenlerin başında gelir. Sekonder parkinsonizm bazal ganglionlarda iskemi, ilaçlar (en çok antipsikotikler), intoksikasyon, kafa travması gibi nedenlerle ortaya çıkan, idiopatik Parkinson hastalığından daha hızlı seyirli ve parkinsonian bulguların simetrik olarak görüldüğü klinik tablonun adıdır (5). Parkinson hastalığı en sık 50-60 yaşları arasında görülür, 20 yaş altında görüldüğünde Juvenil Parkinson hastalığı adı verilir. Genel popülasyonda Parkinson hastalığının prevalansı 2-3/1000 olup yaşla birlikte artış gösterirken, genel olarak parkinsonizmin ise yıllık insidansının 4,5-21/100.000 arasında değiştiği bilinmektedir (6). Hastalığın kardinal bulguları: bradikinezi, istirahat tremoru, rijidite ve postural instabilitedir (7). Substantia Nigra pars kompakta da yaklaşık olarak 800.000 civarında dopaminerjik nöron bulunmaktadır, ilginç olarak buradaki hücrelerin yaklaşık %60-80 ‘nin kaybı sonrası klinik bulgular ortaya çıkmaktadır, bu durum hastalığın kuvvetle muhtemel klinik bulguların ortaya çıkmasından belki de yıllar öncesinde dopaminerjik kaybın olduğunu düşündürmektedir (8). Bu veri ile uyumlu olarak bazı postmortem yapılmış histopatolojik çalışmalarda

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