Bölüm 6

BAŞAĞRILARINDA GİRİŞİMSEL YÖNTEMLER

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1.GİRİŞ

Başağrılarında primer ya da sekonder fark etmeksizin, medikal tedaviden yeterli cevap alınamadığı durumlarda girişimsel yöntemlere başvurulmaktadır. En sık kullanıldığı durumlar, servikojenik başağrısı, kronik migren, küme tipi başağrısı, düşük BOS basınçlı başağrısı, Trigeminal nevralji, Glossofaringeal nevralji, Oksipital nevralji, ağrılı kranial nöropatilerdir (1).

Girişimsel yöntemler genellikle periferik sinir ve ganglion blokajları başlığı altında toplanmasına rağmen, periferik sinir stimülasyonu ve Gasser radyofrekans ablasyon gibi nöromodülatif yöntemler, onabotulinum toksin A enjeksiyonları da seçilmiş hastalarda endikedir.

Uluslar arası Başağrısı Topluluğu'nun (İHS) son başağrısı sınıflaması olan ICHD-3 'e göre Primer , Sekonder, Nöropatiler-Fasial Ağrılar ve Diğer Başağrıları olarak 4 ana bölüme ayırdığı başağrılarında her bölümde girişimsel yöntemlerin kendisine az ya da çok yapılan çalışmalardaki kanıt düzeyine göre yer bulması dikkat çekicidir. Hatta sınıflamanın 4, bölümü olan ekler bölümünde sınıflanan başağrılarında bile girişimsel yöntemler kullanılmaktadır.

Uygulanan Girişimsel Yöntemleri, onabotulinum toksin A enjeksiyonları (31 noktaya, 155 ünite olarak uygulanan kronik migrende endikasyon almış bir protokoldür) dışında, uygulandığı başağrısı tipleriyle beraber başlıklar altında sınıflamak daha uygundur.

2. GİRİŞİMSEL YÖNTEMLER

2.1. Sinir ve Ganglion Blokajları

Primer başağrısı olan hastalar genellikle trigeminal innervasyona sahip frontal saha ya da oksipital innervasyona sahip posterior alanda ağrıdan şikayetçidirler. Bu durum trigeminoservikal kompleskdeki (TCC) servikal ve trigeminal afferentlerin anatomik bağlantısına bağlıdır. Oksipital ya da trigeminal sinir dallarını hedefleyen blokajlarında TCC üzerinden etkili olduğu düşünülmektedir (2).

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