



BÖLÜM 2

MULTİPLE SCLEROSİS EPİDEMİYOLOJİ, ETYOLOJİ, RİSK FAKTÖRLERİ, KLİNİK FENOTİPLERİ VE KLİNİK BELİRTİLERİ

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GİRİŞ

Multipl skleroz (MS) merkezi sinir sisteminin çoğunlukla ak maddesini tutmakta olup, korteks ve derin gri cevheri de etkilemektedir. Kronik inflamasyon, demiyelinizasyon, aksonal kayıp ile karakterize, fokal inflamatuvar-demiyelinizan bir hastalıktır.

EPİDEMİYOLOJİ

MS 20-40 yaş arasında en sık görülür. Bilinmeyen nedenlerden dolayı, MS'li kişilerin yaklaşık dörtte üçü, otoimmün hastalıklarda yaygın olduğu gibi kadındır. Erkekler göre kadınları 2-5 yıl önce etkiler (1).

Dünya çapında 2 milyondan fazla insanı etkilemektedir (Amerika Birleşik Devletleri'nde ~ 400.000) (2).

Yıllık Amerika Birleşik Devletleri'nde ekonomik maliyet ~ 10 milyar dolardır (3).

Kadınlarda, gebelikte %10 oranında MS ile ilgili ilk belirtiler görülebilir. Ataklar gebelikte azalır, postpartum dönemde artar (4).

MS'li hastalarda ölümlerin %50'si doğrudan hastalıktan kaynaklanmaktadır (5).

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Yorgunluk

Yorgunluk MS hastalarında% 50-80 oranında gözlenmektedir. Etyolojisi tam olarak bilinmemektedir.

MS hastaları psikolojik yorgunluğu enerji yetersizliği, isteksizlik, tükenmişlik ve sosyal aktivitelere katılmama şeklinde ifade etmektedirler (55,56).

Ağrı

MS hastalarında ağrı yaygın görülen bir semptomdur. Hastada spazmlar ve spastisite bireyin mobilitesini azaltır ve ağrıya neden olur (46). Yapılan çalışmalarda MS hastaların %47.6'sında nöropatik ağrı olduğu sonucuna (57).

SONUÇ

Multipl skleroz (MS) merkezi sinir sisteminin çoğunlukla ak maddesini tutmakta olup, korteks ve derin gri cevheri de etkilemektedir. Hastalığın klinik belirtileri duyuşsal, motor,serebellar, optik,ağrı, kognitif etkilenim vs içerir.

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