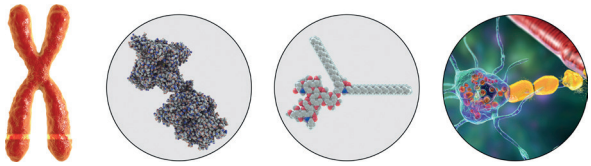

BÖLÜM 10

AKUT DİSSEMİNE ENSEFALOMİYELİT (ADEM)

İdris KOCATÜRK[1]

GİRİŞ

Akut dissemine ensefalomyelit (ADEM), nadir görülen, daha çok subkortikal yerleşimli, enflamatuar, demiyelinizan bir hastalıktır. Çocuk ve genç erişkinlerde daha sık görülmektedir. Öncesinde aşılanma ve enfeksiyon sık izlenmektedir. Çoğu zaman klinik seyri monofaziktir; bununla birlikte, bazen multifazik ADEM meydana gelir ve bu hastalığı multipl sklerozdan (MS) ayırt etmekte güçlük çekilebilir. Hastalık en sık olarak tanımlanamayan viral veya bazen bakteriyel enfeksiyoz bir hastalığı takip edebilir (1). ADEM tüm dünyada görülmektedir. ADEM'in aksine çocuklarda MS tanısı daha seyrek konulur. ADEM'in prognozu genellikle iyidir, ancak bazen ciddi nörolojik sekeller görülür. Bu bölümde ADEM'in etiyolojisi, klinik, laboratuvar, radyolojik bulguları, tedavi ve prognozu tartışılmaktadır.

PATOGENEZ

ADEM'in patogenezi, hayvanların miyelin protein ürünleri ile bağışıklaştırılmasıyla indüklenen akut demiyelinizan bir hastalık olan hayvan modeli deneysel otoimmün ensefalomiyelit (EAE) ile benzerliğe sahiptir (2).

EAE'ye benzer şekilde, insanlarda, geçmişte tavşan veya keçi merkezi sinir sistemi (MSS) dokusu ile kontamine olmuş canlı, zayıflatılmış bir aşı olan Semple kuduz aşısı ile bağışıklamadan sonra ADEM vakaları gözlemlenmiştir (3).

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de en azından kısmi olarak, genellikle tam çözünürlük gösterir. ADEM tedavisi, IVIG ve plazma değişimi olarak tanımlanmış olmasına rağmen, çoğunlukla üç ila beş günlük yüksek doz intravenöz glukokortikoid ile tedavi edilir.

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