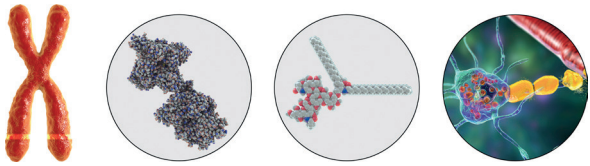

BÖLÜM 18 NÖROSARKOİDOZ

Sinan ELİAÇIK[1]

GİRİŞ

Sarkoidoz multipl sistem tutulumu olan, en sık akciğerleri etkilemekle birlikte kimi zaman ilk belirtisi akciğer dışı tutulumlarda olabilen kazeifiye olmayan granülomatöz inflamasyonla karakterize multidisipliner bir hastalıktır.

Etyolojik nedeni kesin bilinmemekle birlikte, geniş yelpazedeki klinik bulgu ve belirtileri ile birçok hastalığın ayırıcı tanısında akla gelebilecek, yaşamın her döneminde görülebilmekle birlikte, sıklıkla genç erişkin veya orta yaş grubunda akılda tutulması gereken hastalıklardandır.

Sarkoidoz, santral ve periferik sinir sistemi tutulumu yapabilmektedir. Santral sinir sisteminde kranial sinirleri, beyin parankimini, meninksleri etkileyebilir. Miyopati ve periferik nöropati tablolarıda görülebilmektedir. Pulmoner sarkoidozlu vakalarda nörosarkoidoz (NS) %5-10 civarında görülmekle birlikte sarkoidozlu hastaların otopsilerinde %15-25, sistemik sarkoidozda ise %34 oranında saptayan çalışmalar mevcuttur (1,2).

Sistemik bulguların eşlik etmediği sarkoidoz vakalarında NS tanısını saptamak iyi bir ayırıcı tanıyı gerektirmektedir. Bu bölümde sarkoidoz hakkında genel bilgilendirme yapılıp, sonrasında NS ayrıntıları ile gözden geçirilecektir.

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