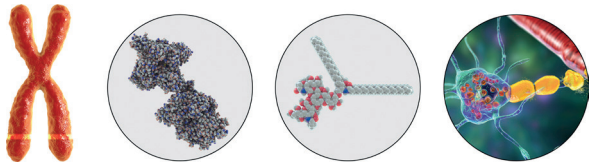

BÖLÜM 19

PRİMER VE SEKONDER VASKÜLİTLER

Fatma Gülhan ŞAHBAZ[1]

GİRİŞ

Vaskülit; damar duvarının inflamasyonu ile karakterize olan , iskemi ve endotel hücre nekrozuyla sonuçlanabilen, uç organ hasarına sebep olabilen ve çoğunlukla multisistemik tutulumla seyreden heterojen bir hastalıktır (1). Damardaki inflamasyon; damar duvarında kalınlaşma, lümende daralma ve skarlaşma gibi birçok fibrinoid değişiklikleri içermektedir.Vaskülitin alt tipine göre tutulan damarın boyutu, tipi ve lokasyonu farklılık göstermektedir.Vaskülitler primer olarak ortaya çıkabildikleri gibi başka hastalıklara sekonder olarak da izlenebilmektedir.Günümüzde birçok farklı sınıflama yapılmıştır. Damar çapına göre, lokasyona göre, patolojik özelliklerine göre birçok gruba ayırmak mümkündür.Vaskülit için Tanı ve Sınıflandırma Kritlerleri çalışması (DCVAS) neticesinde daha verimli sınıflandırmalar yapılması beklenmektedir (2). Vaskülitler çeşitli semptomlarla karşımıza çıkabilmektedir.Ciddi nörolojik klinik tablolara ve mortaliteye sebep olmaları nedeniyle bu hastalıkların hızlı tanı ve tedavisi önem kazanmıştır.Günümüze kadar birçok şekilde farklı sınıflandırma yapılmıştır.Aşağıdaki tablo 1 ve tablo 2'de sinir sistemini etkileyelen vaskülitlerin genel sınıflandırılması ve son yapılan revizyon gösterilmektedir (2,3).

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Son olarak vaskülitler neoplastik ve paraneoplastik sendrom şeklinde de karşımıza çıkabilmektedir.İmmun kompleks ilişkili vaskülitler (lökositoklastik vaskülit, henoch-schönlein purpura, kriyoglobulinemi), Anca ilişkili vaskülitler (mikroskobik pan, churg-strauss sendrom, granülomatöz polianjit), dev hücreli arterit, primer SSS vasküliti ve PAN bu grupta sayılabilir. Tromboembolizm, hiperkoagülopati ve antifosfolipid anitkor pozitiflikleri eşlik edebilir (61).

SONUÇ

Vaskülitler anlaşıldığı üzere primer veya başka bir hastalığa sekonder olarak karşımıza çıkabilmektedir. Birden fazla sistemi etkilemesi nedeniyle çok farklı klinik tablolarla prezente olabilir. Hastalığı tanıyabilmek güç olmakla birlikte nonspesifik multisistem tutulumlarının birarada görüldüğü durumlarda, yardımcı testleri kullanarak, doğru tanıya ulaşmak mümkündür. Tedavide ilk seçenek olarak kortikosteroidler kullanılsa da relaps ve inflamasyonu baskılamak amacıyla antikor ilişkili olan bu otoimmun hastalıklarda immunsupresif ilaçlar sıklıkla kullanılmaktadır. Multidisipliner tedavi yaklaşımı önerilmektedir.

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