



BÖLÜM 20 PEDIATRİK MULTİPL SKLEROZ

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GİRİŞ

Multipl Skleroz (MS), Santral Sinir Sistemi (SSS)'nin demiyelinizan, nöroinflatuar, hastalığın erken evrelerinde bile akson kaybının meydana geldiği, immün aracılı, uzun vadeli fiziksel ve bilişsel sonuçları olan, kronik bir hastalıdır. Daha sıklıkla genç erişkinleri etkileyen MS'in klinik belirtileri en sık 20 ila 40 yaşları arasında ortaya çıkmakla birlikte, pediatrik başlangıçlı hastalık giderek daha fazla tanınmaktadır. Pediatrik başlangıçlı MS [pediatric-onset MS (POMS)] veya erken başlangıçlı MS şeklinde de ifade edilen pediatrik MS, MS semptomları olan 18 yaşından küçük çocukları ve ergenleri ifade eder. Temel olarak erişkin başlangıçlı MS [Adult-Onset Multiple Sclerosis (AOMS)]'e benzese de görülme sıklığı, immünolojik bazı özellikleri, klinikleri, radyolojik bulguları ve progresyonları açısından AOMS'den farklı bazı özelliklere sahiptir.

EPİDEMİYOLOJİ

Tüm MS hastalarının %3-4'ünde (çalışmalara göre %2,7-10 arasında değişmektedir), ilk klinik semptom 18 yaş altında görülürken alt sınırı 15 yaşa çektiğimizde ise bu oran %1 in altına inmektedir. Bilinen en küçük yaştaki vaka ise 24 aylıktır. Yapılan çalışmalara göre POMS insidansı ve prevalansında önemli oranda coğrafi bir heterojenite mevcuttur. POMS'un insidansı 100.000 çocuk başına 0,05-2,85 (en düşük insidans oranı Tunus'ta, en yüksek insidans oranı İtalya'nın Sardinya kentinde) iken prevalansı 100.000 de 0,69-26,92 (en düşük

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langıç yaşı ve daha belirgin bir bilişsel bozukluğa rağmen sekonder progresyona daha uzun zamanda ulaşması ile karakterizedir.

MS tanısı, klinik öykü, nörolojik muayene, destekleyici MR bulguları ve özellikle BOS olmak üzere yardımcı laboratuvar testlerine dayanır. Tedaviye başlamadan önce, dikkatli bir ayırıcı tanı, ADEM, NMOSH ve MOGAD gibi diğer SSS'nin edinilmiş immün aracılı demiyelinizan hastalıkların dışlanması gerekmektedir. Çocuklarda erken ancak doğru bir MS tanısı, tedavinin zamanında başlaması için önemlidir. MS'li çocuklarda yüksek inflamatuvar süreç nedeniyle etkili tedavilerin hastalığın erken evrelerinde başlaması gerekmektedir. Rando-mize çalışmaların azlığı nedeniyle çocuklarda MS tedavisinde kullanımı onay-lanan DMT'ler sınırlıdır. Ancak çocuklarda MS için terapötik seçenekler her geçen gün artmaktadır. Bununla birlikte MS tedavisinde erişkinlerde hali hazır-da kullanılmakta olan ilaçların çocuklar üzerindeki güvenliğini, tolere edilebi-lirliğini ve etkinliğini doğrulamak için daha fazla sayıda çalışmayla çocuklarda kullanılacak tedavi seçeneklerinin arttırılması ve uzun vadeli prognozlarının iyileştirilmesi amaçlanmalıdır.

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