

Bölüm 3

COVID-19 VE HAREKET BOZUKLUKLARI

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GİRİŞ

Koronavirüs hastalığı-2019 (COVID-19) yeni ortaya çıkmış zarflı bir ribonükleik asit (RNA) virüsü olan şiddetli akut solunum sendromu koronavirüs-2'nin (SARS CoV-2) neden olduğu ciddi morbidite ve mortaliteye neden olan bir hastalıktır (1). Aralık 2019'da Çin'in Wuhan kentinde ilk COVID-19 vakasının tespit edilmesinden sonra dünya çapında bir pandemiye neden olmuştur. 1 Aralık 2021 itibarıyla, Dünya Sağlık Örgütü'ne göre, dünya çapında 5,3 milyondan fazla ölümlerle birlikte klinik olarak onaylanmış 271 milyondan fazla vaka tespit edilmiştir (2). COVID-19, asemptomatik seyredebildiği gibi, ciddi solunum yetmezliği, çoklu organ yetmezliği ve ölüme de neden olmuştur. Semptomları esas olarak ateş, öksürük ve nefes darlığı gibi solunum sistemi ile ilişkili olmakla birlikte virüsün sadece akciğerleri tutmadığı, santral sinir sistemi (SSS) ve periferik sinir sistemi (PSS) de dahil olmak üzere multisistemik tutulumuna neden olduğu bilinmektedir (1).

SARS CoV-2'nin hem erken hem de uzun dönem nörolojik tutulumuna yol açabileceğini gösteren raporların sayısı artmaya devam etmektedir. Nörolojik belirtilerin prevalansı çeşitli çalışmalar arasında değişiklik göstermektedir. İlk olarak Çin'de prevalans %36,4 olarak saptanmış; vakaların %24,8'inde SSS, %8,9'unda PSS ile ilişkili bulgular gelişmiştir (1). Nörolojik semptomlar enfeksiyonun başlangıç veya tek bulgusu olarak ortaya çıkabilir. En sık görülen erken nörolojik semptomlar miyalji, baş ağrısı ve bilinç bozukluğudur. Sekel bırakan, mortalite ve morbiditeyi arttıran ağır nörolojik tutulumlar da görülmektedir (1,3-5).

SARS CoV-2, üzerindeki spike proteini ile Anjiyotensin dönüştürücü enzim 2 (ACE2) reseptörüne bağlanarak hücre içerisine girmektedir. Bu reseptörler, akciğer, kalp, böbrek, damar endoteli, nöronlar ve glial hücrelerde de bulun-

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SONUÇ

COVID-19 enfeksiyonu öncesinde herhangi bir hareket bozukluğu olan hastaların semptomlarının seyri COVID-19 enfeksiyonu sonrası değişebilir. COVID-19'un multisistem tutulum ile giden bir hastalık olması nedeniyle hareket bozukluklarının da uzun dönemde artması beklenmektedir.

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