Bölüm 5

EPİLEPSİ AYIRICI TANISINDA UYKU BOZUKLUKLARI

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GİRİŞ

Uyku ve epilepsi birlikte değerlendirilebilen iki ana konudur. Epileptik nöbetler ve elektroensefalogram (EEG) tarafından saptanan epileptiform nöronal aktivite genellikle uyanıklıktan çok uyku sırasında ortaya çıkma eğilimindedir ve uykunun belirli dönemlerinde görülen sirkadiyen özellik gösterir (1). Epileptiform aktivitenin ortaya çıkması ile normal uyku yapısı bozulur, bu durum nöbet riskini artırır ve böylece kısır bir döngü oluşur (2). Ayrıca, uyku bozuklukları (örneğin insomniler, hipersomniler veya sirkadiyen ritim bozuklukları) epilepsili hastalarda epilepsisi olmayan kişilere göre daha yaygındır (3).

Uyku ile ilişkili bazı fizyolojik veya patolojik durumlar, epilepsi tanısı ile sık sık karışabilmektedir. Epileptik nöbetlerin yaklaşık % 12-20'si gece uyku sırasında olmaktadır (4). Bu konudaki yetersizlik, yanlış tanı koyma, gereksiz, maliyetli araştırmalar, etkisiz ve potansiyel olarak zararlı terapötik yaklaşımlar ve hatalı epilepsi teşhisinin negatif psikososyal etkileri dahil olmak üzere birçok olumsuzluğa neden olabilmektedir. Bu hastaların bir kısmı yanlışlıkla uzun süre epilepsi tedavisi alırlar. Ya da tam tersi olarak da bazı epilepsi hastaları uzun süre uyku bozuklukları tanısı alarak epilepsi açısından tedavisiz kalabilmektedir. Bu hastaların ayırıcı tanısı yapılarak doğru tanıyı en kısa zamanda koymak çok önemlidir. Epileptik ataklar; uyku terörü, konfüzyonel uyanma, uykuda yürüme gibi uykunun hızlı olmayan göz hareketleri (non-rapid eye movement, NREM) uyku bozukluklarından ve uykunun hızlı göz hareketleri (rapid eye movement, REM) davranış bozukluğu, kâbus bozukluğu, tekrarlayıcı uyku paralizisi gibi REM uyku bozukluklarından, uykuda ritmik hareket bozuklukları, uykuda diş gıcırdatma (bruksizm) gibi bozukluklardan ayırt edilmelidir (5).

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Aşırı Fragmenter Miyoklonus

Aşırı fragmenter miyoklonus gerçek bir hareket bozukluğu değildir. Daha çok kas fasikülasyonudur (59). Her ne kadar bening bir hareket olsa da son zamanlarda yapılan çalışmalarda Parkinson hastalığı ve periferik sinir hastalıkları ile bir ilişkisi olabileceği gösterilmiştir (60). Tanı, polisomnografi sırasında en az 20 dakikalık NREM uykusunda en az 150 ms'lik karakteristik EMG paterninin ve dakikada beş EMG aşırı fragmenter miyoklonus potansiyeli hızının varlığına dayanır.

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