

## Bölüm 6

# EDİNSEL VE KRONİK İNFLAMATUAR İMMÜN DEMİYELİNİZAN POLİNÖROPATİLER

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### GİRİŞ

Periferik sinirler; merkezi sinir sistemi ile çevre yapılar arasındaki bağlantıyı sağlayan sistemdir. Temel olarak motor, duyu ve otonomik fonksiyonlardan sorumludur. Periferik sinirler hem miyelinsiz hem de miyelinli sinir lifi demetleri ve destekleyici elemanları içeren silindirik şekilde yapıdadır. Miyelinli aksonlar sadece bir Schwann hücrelerinin plazma zarı ile çevriliyken miyelinli aksonlar aksonların etrafını birçok kez saran Schwann hücresi sayesinde lipid açısından zengin hücre zarı katmanıyla yalıtılır. Miyelinli akson, yetişkinlerde yaklaşık 1 µm uzunluğunda Ranvier düğümleri adı verilen düzenli boşluklar dışında tamamen miyelin ve Schwann hücreleri ile çevrilidir. Aksiyon potansiyelinin bir Ranvier düğümünden diğerine yayılması (saltatorik iletim) düşük kapasitanslı ve elektrik akımına yüksek dirençli kalın bir miyelin kılıfı ve Ranvier düğümlerinde yüksek konsantrasyonda voltaj kapılı sodyum kanalları ile sağlanır.

Periferik nöropatiler veya polinöropatiler, nispeten yüksek prevalansı olan ve yüzlerce potansiyel etiyojinin tanımlandığı heterojen kalıtsal ve edinmiş bozukluklar grubudur. Polinöropati düşünülen bir hastanın değerlendirilmesinde ilk yapılması gereken, ayırıcı tanı listesini daraltmaktır. Bu genellikle öykü, kapsamlı bir fizik ve nörolojik muayene, laboratuvar çalışması ve elektrofizyolojik çalışma bulguları ile yapılabilir. Özel klinik durumlarda otonomik testler, deri biyopsisi veya sinir biyopsisi gibi ek yardımcı testler düşünülebilir. Elektrofizyolojik çalışmalar; polinöropati varlığının doğrulanmasını, sinir liflerinin motor, duyuusal veya birlikte etkilendiğinin saptanması, altta yatan

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