Bölüm 8

MİYASTENİA GRAVİS'TE TEDAVİ PRENSİPLERİ VE YENİ GELİŞMELER

Tuba AKINCI[1]

GİRİŞ

Myastenia gravis (MG), oküler, bulbar, ekstremite ve solunum kaslarının tutulumu ile seyreden dalgalı, yorulmakla artan güçsüzlük ile karakterize postsinaptik nöromüsküler kavşağın otoimmün bir bozukluğudur. MG, nöromüsküler kavşakta postsinaptik bileşenlere karşı T hücre bağımlı ve antikor aracılı bağışıklık saldırısının sonucudur.

MG; oküler (OMG) veya jeneralize (JMG) alt tiplerinde olabilir. JMG hastalarının büyük çoğunluğunda asetilkolin reseptörüne (AChR), kas spesifik kinaza (MuSK) veya lipoprotein ile ilişkili protein 4'e (LRP4) karşı antikorlar saptanır (1-3). AChR antikorları, JMG'li hastaların yaklaşık %85'inde bulunur (1,4). AChR antikorları olmayan JMG hastalarının yaklaşık %40'ında MuSK antikorları saptanır ve tüm MG hastalarının yaklaşık %2'sinde LRP4 antikorları saptanır (5). Antikor testinin duyarlılığı OMG'de çok daha düşüktür. OMG hastalarının yaklaşık %50'sinde AChR antikorları bulunurken, OMG'de MuSK ve LRP4 antikorları nadiren saptanır (4,6,7). Seronegatif hastalar, JMG hastalarının <%10'unu ve OMG hastalarının <%50'sini oluşturur ve daha yeni antikorlar tanımlandıkça ve saptama yöntemleri optimize edildikçe, oran giderek küçülmektedir. Spesifik antikorların varlığı veya yokluğu, özellikle JMG hastalarında tedaviye rehberlik etmek için kullanılabilir. Mevcut veriler, pozitif AChR antikorları olan JMG hastalarının ve seronegatif MG hastalarının tedaviye benzer şekilde yanıt verdiğini göstermektedir (8). Ancak MuSK antikorları pozitif olan MG hastaları, çeşitli tedavi modalitelerine farklı yanıtlar vermektedir (9).

[1] Uzm. Dr., Haydarpaşa Numune Eğitim ve Araştırma Hastanesi, Nöroloji Kliniği, tuubaakinci@gmail.com

hastalarda ve myastenik krizde kullanılmaktadır. Plazmaferez uygulanan gebeler hipovolemi açısından, IVIG alan gebeler hiperviskozite sendromları açısından izlenmelidir (136). Asetilkolin salınımını bloke ederek nöromüsküler iletimi engelleyebileceğinden, eklampsi tedavisi için magnezyum sülfat kullanımından kaçınılmalıdır (136). Metildopa ve hidralazin, gebelikte şiddetli hipertansiyon tedavisi için tercih edilebilen ilaçlardır. MG'li hamile kadınlarda vajinal doğum güvenlidir ve teşvik edilmelidir, sezaryen doğum sadece obstetrik endikasyonlar için yapılmalıdır. Maternal AchR antikorları plasentayı geçebilir ve miyastenik annelerden doğan yenidoğanların %10-20'sinde geçici kas güçsüzlüğüne neden olabilir. Bu nedenle, MG'li kadınlardan doğan tüm bebekler, bulbar ve solunum kasları dahil olmak üzere herhangi bir kas zayıflığı belirtisi açısından dikkatle izlenmelidir (139). KS ler ve antikolinesterazlar emzirmede nispeten güvenlidir. Azatioprin, mikofenolat, siklosporin, siklofosfamid gibi diğer ilaçlar anne sütüne geçer ve bu ilaçları alan hastalarda emzirmeden kaçınılmalıdır (136).

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