

## Bölüm 9

### MULTİPLE SKLEROZDA AYIRICI TANI

Gökçe ZEYTİN DEMİRAL<sup>1</sup>

#### GİRİŞ

Multipl skleroz (MS) tanısı, merkezi sinir sistemi (CNS)de hem zaman hem de mekanda yayılan inflamatuvar demiyelinizan hasarın kanıtlarının gösterilmesine dayanmaktadır ve MS'un prevalansı giderek artmaktadır.(1,2) MS tanı kriterlerindeki yeni güncellemelere rağmen, multipl skleroz tanısındaki güçlükler devam etmektedir.(3)

MS'in ayırıcı tanısında çok sayıda nörolojik hastalık vardır. MS olarak yanlış tanı konulan en sık bozukluğun tek başına veya diğer tanılarla birlikte migren olarak değerlendirildiği ve yanlış tanı konulan hastaların %22'sinin migren olduğu bildirilmiştir.(4) MS ile karışan başlıca tanılar; Migren, fibromiyalji ve psikiyatrik durumlardır.(4-8)

Merkezi sinir sisteminin (CNS) inflamatuvar demiyelinizan hastalıkları; nöromiyelitis optika spektrum bozuklukları (NMOSD), akut dissemine ensefalo miyelit (ADEM) ve bu gruptaki diğer bazı nadir hastalıklar, ergenlik veya yetişkinlik dönemlerinde başlayan çeşitli kalıtsal bozukluklar ve bazıları esas olarak genç erişkin popülasyonu etkileyen enfeksiyöz, neoplastik veya vasküler bozukluklardan oluşmaktadır.(7,8)

#### NÖROMİYELİTİS OPTİKA SPEKTRUM BOZUKLUKLARI

Klinik olarak Nöromiyelitis Optika (NMO) ilk olarak 1894 yılında Eugène Devic ve Fernand Gault tarafından tanımlanmıştır.(9) Yüzyıldan fazla bir süredir, nöromiyelitis optika veya Devic hastalığı, multipl sklerozun varyantı olarak kabul edilmiştir.(10) 2004'te aquaporin-4'e (AQP4) karşılık gelen antikorun keşfi, nörolojide ve otoimmün hastalıkları anlamada büyük bir atılım olmuştur.(11)

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kendini gösteren karmaşık bir nörolojik bozukluktur. Bu semptomlar bazen görme bozuklukları veya paresteziden oluşur.(131)

Migrendeki supratentoryal lezyonlar, periventrikülerden ziyade çoğunlukla subkortikaldir ve juktakortikal olma olasılıkları daha düşüktür ve son zamanlarda MS lezyonlarında görülmesi beklenen santral ven işaretin(CVS)'den yoksun oldukları gösterilmiştir.(132)

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