

Bölüm 16

PARKİNSON HASTALIĞINDA CERRAHİ TEDAVİ VE YENİ TEDAVİ SEÇENEKLERİ

Aydan TOPAL¹

GİRİŞ

Parkinson hastalığı (PH) motor ve non-motor sistem olarak adlandırılan bilişsel ve otonomik değişiklikler dahil olmak üzere farklı bileşenlere sahip, kronik, ilerleyici bir nörodejeneratif hastalıktır (1) ve bu grupta Alzheimer demansından sonra sıklık olarak 2.sırada yer alır (2). Özellikle son yüzyılda bilimsel ilerleme ve teknolojinin gelişimi hareket bozukluklarının cerrahi tedavisine paralel olarak yansımıştır ve hastalığın tedavisinde etkin birçok farmakolojik ajan bulunmasına rağmen ilaç tedavisinin yetmediği durumlarda, oldukça etkin ve düşük komplikasyon oranlarına sahip cerrahi tedavi seçeneklerine başvurulmaktadır (2).

Parkinson hastalığı cerrahisinin geçmişi 1909 yılında Victor Horsley'in hastalığın bazı semptomlarını sensorimotor korteksin belirli bölgelerini keserek gidermeye çalışmasına dayanmaktadır (3). 1939'da Bucy kortikospinal yollarda lezyon oluşturma yoluna gitmiştir (4). Deneysel nörofizyolojik çalışmalarla ekstrapiramidal sistemin hareket üzerindeki etkilerinin ortaya konulmasından sonra Russell Meyers 1939'da bazal ganglionlar üzerine çalışmaya başlamıştır (5,6).

19. yüzyıldan itibaren stereotaktik tekniklerin ilerlemesi ile parkinson hastalarında ilk kez talamotomi tekniği uygulanmaya başlanmıştır (7-9).

Derin beyin nöronlarının mikroelektrot kaydı ilk olarak 1961'de hedeflemeye yardımcı olmak için kullanılmıştır (10). Ve yıllar içinde Derin beyin stimülasyonu (DBS) reversibitesi, ayarlanabilir ve daha uygun bir güvenlik profiline sahip olması nedeni ile , pallidotomiler ve talamotomiler üzerinde PH için baskın cerrahi prosedür haline gelmiştir (1).

¹ Uzm. Dr., Sağlık Bilimleri Üniversitesi Samsun Eğitim ve Araştırma Hastanesi, Nöroloji Kliniği, aydantopal@hotmail.com

Hücre nakli ayrıca ilgi çekici bir tedavi seçeneği sunar. Bugüne kadar, insan embriyonik kök hücreleri ve uyarılmış pluripotent kök hücreleri de dahil olmak üzere otolog ve otolog olmayan hücrelerin kullanıldığı hücre nakli klinik denemeleri yapılmıştır (12). Ancak, gen terapisi ve immünoterapi denemelerinde olduğu gibi sonuçlar belirsiz olmuştur (88).

SONUÇ

Parkinson Hastalığı motor ve non-motor bulgular ile karakterize olan en sık görülen 2.sırada nörodejeneratif hastalıktır. Hastalığın tedavisinde etkin çok sayıda medikal tedavi seçenekleri mevcuttur ancak bazen ilaç tedavisinin yetersiz kaldığı durumlarda cerrahi tedavi seçenekleri akla gelmektedir. Günümüzde artık cerrahi tedavi seçenekleri PH için önemli tedaviler arasındadır. Günümüzde en sık Derin beyin stimülasyonu (DBS) ve lezyon cerrahileri uygulamaları yapılmaktadır. Gelecek için planlanan tedaviler ise hücre nakli, immünoterapi ve gen tedavileridir, ancak bu tedaviler için halen ileri çalışmalara ihtiyaç vardır. Sonuç olarak Parkinson Hastalığında altta yatan hastalık sürecini anlayıp bozulduğu bir bütün olarak daha iyi tedavi edebilmek için gelecekteki araştırmalara ihtiyaç vardır.

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