

BÖLÜM 13

SPONTAN İNTRASEREBRAL KANAMALARDA GÖRÜNTÜLEME

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GİRİŞ

Bu bölüm, spontan intraserebral kanamalara (İSK) ve etyolojisine ayrılmıştır. Spontan, travmatik olmayan İSK dünya çapında önemli bir morbidite ve mortalite nedenidir. Spontan İSK, acil tanı ve tedavi gerektiren bir olaydır. Amerika Birleşik Devletleri'nde yılda 40.000 ila 67.000 vaka insidansı ile tüm yeni klinik inmelerin %10 ile %15'inin İSK'ya bağlı olduğu tahmin edilmektedir.(1,2) İSK kaynaklı mortalite yüksektir; 30 günlük mortalite oranları %35 ile %52 arasındadır ve bunların yarısı ilk 2 gün içinde meydana gelen ölümlerdir.(1) Spontan İSK'nin etyolojisi geniştir ve başlıca nedenler arasında hipertansiyon, serebral amiloid anjiyopati, serebral ven trombozu, iskemik infarktın hemorajik transformasyonu, serebral anevrizmalar ve vasküler malformasyonlar (kavernomlar, dural arteriyovenöz fistüller ve arteriyovenöz malformasyonlar gibi) sayılabilir. İSK insidansı hafif bir erkek baskınlığı gösterir ve yaşla birlikte artarak sekizinci dekatta zirveye ulaşır. Hipertansiyon, İSK'nin en yaygın nedenidir ve vakaların yarısından fazlasında görülür. (3) Nöroradyolo-

ji, İSK'da tanıyı koymada, kanamanın nedenini belirlemede ve tedaviye rehberlik etmede anahtar rol oynar. İSK'nın araştırılmasında önemli olan radyolojik yöntemler arasında bilgisayarlı tomografi (BT), manyetik rezonans görüntüleme (MRG) ve dijital substraksiyon anjiyografisi (DSA) bulunur.

İnme, "24 saat veya daha uzun süren veya vasküler bir nedenden başka belirgin bir neden olmaksızın ölüme yol açan, hızla gelişen fokal veya global serebral fonksiyon bozukluğu belirtileri" olarak tanımlanır. İnmenin %87'sini bir serebral arterin tıkanmasından kaynaklanan iskemik inme ve %13'ünü subaraknoid boşlukta veya beyin parankiminde bir serebral arterin yırtılmasından kaynaklanan hemorajik inme oluşturur. (4) Bununla birlikte, tüm İSK'lar da akut nörolojik defisit mevcut değildir. Bu nedenle bu bölümde "hemorajik inme" yerine "spontan intraserebral kanama" terimini kullandığımıza dikkat ediniz ve spontan İSK'yi, zamandan ve eşlik edebilecek nörolojik defisitten bağımsız olarak "travmaya bağlı olmayan beyin parankiminde veya ventriküler sistemdeki fokal

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kım ürünlerinin hızlı absorpsiyonuna bağlanmıştır.(4,73) Resim 14, 15 ve 16'da intratümöral kanama örnekleri görülüyor. Resim 15'te intratümöral kanamada T1 hiperintensitesinin santralde yerleştiğine dikkat ediniz.

İlaçlar

Kokain ve amfetaminlerin yasa dışı kullanımını İSK'nın önemli bir nedenidir ve daha genç hastalarda daha yaygındır. Bu ilaçlar sempatomimetiktir, aşırı hipertansiyon oluşturabilir ve sıklıkla derin gri cevherde ve ponsta primer hipertansif İSK'den ayırt edilemeyen kanamalara neden olabilir.(74,75)

Kokainin ayrıca prokoagülan etkileri vardır ve kronik kokain kullanımı ek olarak lökoriazis, arteriyel infarktlar, lobar kanamalar, anevrizma oluşumu ve SSS vaskülitini ile ilişkilidir.(75-77)

Koagülopati

Koagülopatili hastalar, İSK için yüksek risk altındadır ve kanama meydana geldiğinde kötü prognozlu seyrederek (22). Hematomlardaki hematokrit seviyeleri olarak da adlandırılan sıvı-sıvı seviyeleri, koagülopati şüphesini artırmalıdır.(78) Düzensiz şekilli ve multipl eş zamanlı hematomlar koagülopatik İSK ile ilişkilendirilmiştir.(21)

SONUÇ

Spontan İSK; sık karşılaşılan, mortalitesi yüksek olan nörolojik bir acil durumdur. Görüntüleme, hem İSK'lı hastaların acil tedavisine rehberlik etmede hem de tekrar kanamayı önlemek için kanamanın nedenini aydınlatmada önemli roller oynar. Acil tedavi üzerinde etkisi olan faktörlerin, kanamanın nedenlerinin ve çeşitli görüntüleme tekniklerinin güçlü yanlarının tam olarak anlaşılması, spontan İSK'ya hasta merkezli bir yaklaşım oluşturmak için hayati önem taşımaktadır.

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