BÖLÜM 4

NÖROPATİK AĞRI TEDAVİSİNDE BOTİLİNUM NÖROTOKSİN

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GİRİŞ

Nöropatik ağrı (NA), somatosensoriyel sistemdeki bir lezyon veya hastalığın neden olduğu ağrı olarak tanımlanır ve genel popülasyonun %7-10'unu etkilemektedir (1).

Allodini ve hiperaljezi olmak üzere iki tipik semptomu vardır. Allodini, normalde ağrıyı tetiklemeyen bir uyarana bağlı ağrıyı tanımlar ve hiperaljezi, normalde ağrıyı tetikleyen bir uyaran nedeniyle artan ağrıyı ifade eder (2). NA'nın tanımlanması için bazı tarama araçları uygulanabilir. Bunlar arasında Görsel Analog Skala (VAS), Sayısal Derecelendirme Ölçeği (NRS), Sözel Derecelendirme Ölçeği (VRS) ve Yüz Ağrısı skalası (FPS) ağrı yoğunluğunu değerlendirmek için en yaygın kullanılan araçlardır.

Nöropatik ağrı için medikal tedavi alan hastaların %30-40'ında ağrı kısmen hafiflemekte (3) ve ilaçların yan etkileri hastaların yaşam kalitesini bozmaktadır (4). Cerrahi tedavinin ise komplikasyonları hayati risk taşımakta ve bazı hastalarda semptomları daha da kötüleştirmektedir. Son yıllarda alternatif tedavi geliştirmeye yönelik yoğun çalışmalar yapılmıştır. Botoks enjeksiyonu bunlardan biridir. Clostridium botulinum'dan türetilen botulinum nörotoksini (BoNT), çok çeşitli tıbbi durumlarda terapötik olarak kullanılmıştır. Serotip A (BoNT-A) yaygın olarak kullanılır;

Onabotulinumtoxina (Botox®, Allergan, CA, USA),

Abobotulinumtoxina (Dysport®, Ipsen Pharma),

İncobotulinumtoxina (Xeomin®, Merz, NC, USA/Prosigne®, Kowloon, Hong Kong) Serotip B (BoNT-B);

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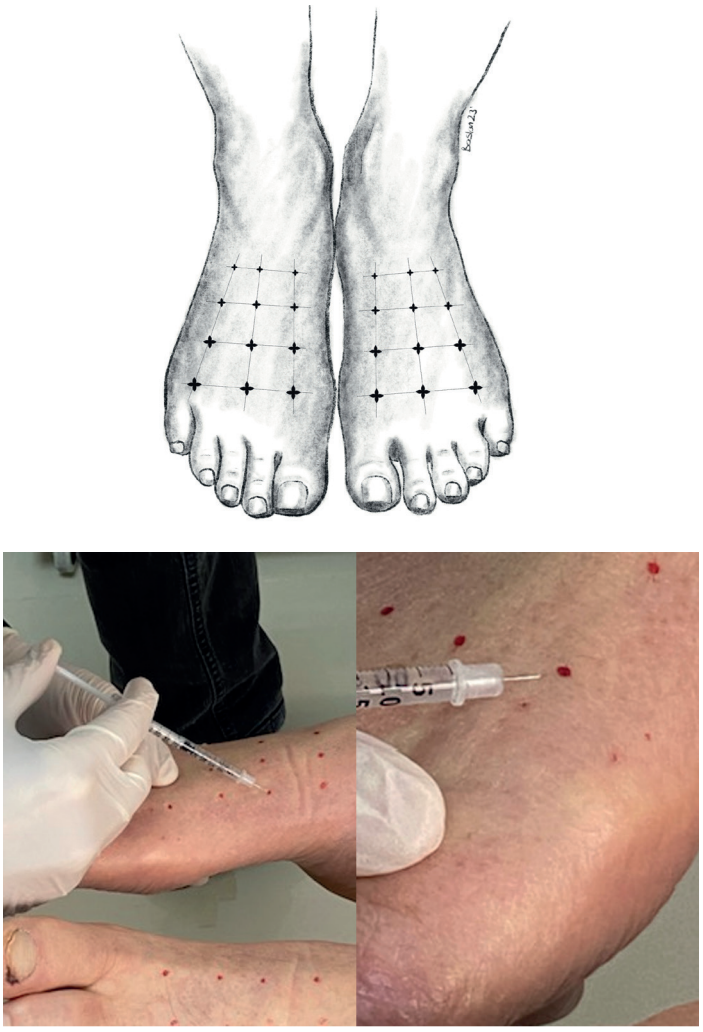

Resim 4. *ADP'de ayak dorsumuna 12 (3x4) bölgeyi kapsayan ızgara dağılım modeli ile BoNT-A uygulanması (Yuan RY et al. Neurology. 2009)*

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