



BÖLÜM 6

DİSTONİ'DE BOTULİNUM NÖROTOKSİN UYGULAMALARI-2

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BLEFAROSPAZM

Blefarospazm perioküler kaslarda spazma bağlı istemsiz göz kapanması ve göz kırpmada artışla seyreden, en sık görülen fokal kraniyal distonidir (1). Göz kapağı daralması / kapanmasına neden olan stereotipik, bilateral ve senkron orbicularis oculi spazmlarının varlığı ile etkili bir duyuusal manevra ya da göz kırpmada artış olması blefarospazm tanısı için önerilen kriterlerdir (2). Blefarospazm çoğu zaman primer olarak kabul edilir, nadiren yapısal beyin lezyonlarına veya ilaç tedavisine sekonder gelişebilir (3). Blefarospazm en sık izole halde benign esansiyel blefarospazm (BEB) şeklinde gözlenir. Yüz, oral, lingual veya oromandibular distoniler gibi diğer fokal distoniler ile birlikte de görülebilir. Blefarospazm kadınlarda daha yaygındır ve tipik başlangıç yaşı beşinci ila altıncı dekattır (4). Hastaların %20 ila %30'unun ailesinde BEB öyküsü mevcuttur (5) Dünyada BEB tahmini prevalansı milyonda 20 ila 133 vakadır (6).

Hastalar genellikle stres altında ya da parlak ışıkta kasılmaların arttığından şikayet ederler, gözde irritasyon, yanma, kuru göz gibi duyuusal şikayetler de sık gözlenmektedir (4,7). Blefarospazm sık göz kırpmaya gibi küçük bir rahatsızlıktan, zorlu göz kapama nedeniyle fonksiyonel körlüğe kadar değişen seviyede kısıtlılığa neden olabilir (7,8). Hastalığın şiddetini değerlendirmek için Jankovic Derecelendirme Ölçeği (JRC), Blefarospazm Şiddet Ölçeği (BSS), Blefarospazm Engellilik Ölçeği (BDS) ve Blefarospazm Engellilik İndeksi (BDI) gibi çok çeşitli klinik ölçekler geliştirilmiştir (9).

PATOFİZYOLOJİ

Hastalığın tam patofizyolojisi bilinmemektedir. Genetik, çevresel, fonksiyonel ve yapısal birçok patofizyolojik mekanizma ile ilişkilendirilmiştir (5,10). Nörofizyoloji çalışma-

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