BÖLÜM

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MERKEZİ SİNİR SİSTEMİ ENFEKSİYONLARI

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GİRİŞ

Merkezi sinir sistemi (MSS) enfeksiyonları çeşitli patojenlerle oluşabilen hayatı tehdit eden enfeksiyonlardır. MSS anatomik olarak vertebralar ve kalvarium tarafından sarılmış sıkı kemik yapısı içerisindedir. Bu durum enfeksiyonun diğer dokulara yayılımını ve bası etkisi ile çevre dokulara hasar vermesini kolaylaştırmaktadır. MSS'ye moleküllerin girişi ve iyonik hemostaz ise sıkı bağlantılar (tight junctions) ile birbirine bağlı, özel yapılanmış endotel hücrelerinden oluşan kan beyin bariyeri (KBB) tarafından düzenlenir (1). KBB'nin yapısı nedeniyle MSS'ye ulaşabilecek patojenler ve tedavide kullanılacak antibiyotik seçimi ve dozu sistemik enfeksiyonlara göre değişkenlik göstermektedir.

MSS'ye patojenler vücudun başka bir bölgesinden hematojen yol ile; sinüs, mastoid gibi komşu yapılardan invazyon ile; iyatrojenik olarak ve periferik sinir gangliyonlarındaki latent enfeksiyonun reaktivasyonu ile ulaşabilirler.

MSS ENFEKSİYONLARI KLİNİK MANİFESTASYONLARI

MSS enfeksiyonlarında klinik olarak baş ağrısı, ateş yüksekliği, ense sertliği, bilinç değişikliği, fokal nörolojik bulgular, nöbet ve işitme kaybı izlenebilir. Enfeksiyonun lokalizasyonuna göre klinik değişkenlik gösterir. İnflamasyonun olduğu bölgeye göre menenjit, ensefalit, miyelit, abse, subdural ampiyem, epidural abse ve ventrikülit şeklinde adlandırılır.

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alanda amiloid gibi birikerek plak oluşumuna ardından vakuoller oluşumuna neden olurlar. Bu süreç çevredeki nöronların ölümü ile sonuçlanır (55). İnsanda dört formda hastalık izlenir. Prion hastalıkları için destek tedavisi dışında bir tedavi yoktur.

Creutzfeldt-Jakop disease (CJD) insanda en sık izlenen prion hastalığıdır (56). Sporadik, ailesel ve edinilmiş olabilir (56). MRG'de putamen ve kaudat nükleusta sinyal artışı ve kortikal kurdelenme bulgusu, BOS'da protein 14-3-3 yükselmesi, EEG'de trifazik ya da bifazik diken dalga paroksizmleri izlenebilir. Atipik vakalarda ise radyolojinin yanıltıcı olabileceği akılda tutulmalıdır (57). Kuru insanda saptanan ilk prion hastalığıdır. Hastalığın ilk bulgusu postural ataksi ve tremordur. Ardından ataksi belirginleşir ve yürüme güçlüğü gelişir. Hastalık ilerledikçe de demans tablosu gelişir (13). Tanı koymak güçtür. EEG'de keskin yavaş dalga paroksizmleri izlenebilir. Gertsmann-Strausler-Scheinker sendromu otozomal dominant aktarılan bir prion hastalığıdır. Klinik olarak serebellar ataksi, nistagmus, tremor ve ardından demans tablosu gelişir. EEG'de yavaş dalga aktivitesi izlenir. Genetik olarak mutasyon ortaya konulabilir (58). Ailesel fatal insomnia otozomal dominant kalıtılır. Ortalama 50 yaşında semptomlar başlar. İlk olarak paranoya, fobiler ve insomnia gelişir. Ardından halüsinasyonların sık görüldüğü, hastanın hiç uyuyamadığı ve hızlı kilo kaybının olduğu safhaya girilir. Son aşamada ağır bir demans tablosu gelişir. Hastalar ortalama bir yılda kaybedilir (59).

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