

SEREBRAL PALSİDE KÖK HÜCRE TEDAVİSİ

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GİRİŞ

Serebral palsi (SP), gelişmekte olan fetüs veya bebek beyنinde meydana gelen ilerleyici olmayan hasara bağlı, aktivite sınırlamasına neden olan, hareket ve duruş gelişimindeki bir grup kalıcı bozukluğu tanımlar. SP çocukluk çağında motor yetersizliğin en sık nedeni olan kronik nörogelişimsel bir bozukluktur. SP, etiyoloji, klinik özelilikler, işlevsel seviye, eşlik eden durumlar, tedavi seçenekleri, bireysel özellikler ve sonuçları bakımından heterojen bir özellik göstermektedir. SP'nin motor bozukluklarına sıklıkla duyu, algı, bilişsel, iletişim ve davranış bozuklukları, epilepsi ve ikincil kas-iskelet sistemi sorunları eşlik eder.¹ SP prevalansı dünyada 1000 canlı doğumda 1,3-3; erkek/kız oranı 1,3-1,4, ülkemizdeki sıklığı ise 2-16 yaş arasındaki çocukların binde 4,4 olarak bildirilmiştir.² SP etiyolojisinde konjenital malformasyonlar, perinatal inme, düşük doğum ağırlığı, doğum asfiksisi, gestasyonel yaş, çoklu doğum ve enfeksiyon gibi çok sayıda faktör rol oynar.^{1,2} SP'nin geniş bir yelpazeye yayılan etiyolojisi nedeniyle, beyindeki patolojik bulgular da değişkenlik göstermektedir.^{1,2} SP farklı klinik ve fenotipleri ile heterojen bir bozukluktur, motor

yetersizliklerine göre 4 grupta sınıflandırılmıştır.² Spastik tip SP, SP'nin en sık klinik tipi olup derin tendon reflekslerinde artış, spastisite, klonus ve babinski yanıtı görülür.^{2,8,9} Diskinetik SP'de kore, atetoz ,distoni gibi istemsiz hareketlerin gözlentiği ekstrapiramidal sistem bulguları baskındır. Ataksik veya serebellar tipte koordinasyon güçlüğü, mikst tipte ise bu özelliklerin birden fazlası bulunmaktadır.^{2,8,9}

Çocuklarda SP, yaşam kalitesini ciddi şekilde etkileyen, çocuğun ailesi ve ulusal mali kaynaklar üzerinde yük oluşturan önemli bir halk sağlığı sorunu haline gelmiştir.¹⁰ Serebral palsili bireylerin güncel tedavisinde bu bireylerin işlevsel özelliklerini ve yaşam kalitesini en üst seviyeye çıkarmayı amaçlayan fizyoterapi, ugraşı ve konuşma terapisi, ortezleme, beslenme ve uyarlanabilir cihazlar gibi farmakolojik olmayan yöntemlerden; oral farmakolojik ajanlar, botulinum nörotoksin A enjeksiyonları, oral veya intratekal baklofen gibi farmakolojik yöntemlerden; dorsal rizotomi, çeşitli ortopedik işlemler gibi cerrahi yöntemlerden yararlanılmaktadır.¹¹ SP'li bireylerin yaşam kalitesini iyileştirmek ve fiziksel işlevlerini desteklemek için yeni tedavi seçenekleri araştırılmaktadır. Kök hücre tedavisinin (KHT) çeşitli klinik uygulama

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