Bölüm 5

MULTİPL SKLEROZDA RADYOLOJİK BULGULAR

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GİRİŞ

Enflamatuvar, demiyelinizan, nörodejeneratif ve kronik bir hastalık olan multipl skleroz (MS) santral sinir sisteminin (SSS) sık görülen bir hastalığıdır **(1).** Dünya çapında 2,5 milyondan fazla insanı etkileyen bir hastalık olan MS'in, yapılan epidemiyolojik çalışmalarda, Türkiye'deki prevelansı 1000 genç yetişkinde 0,4-1 arasında bulunmuştur **(2).** Hastalık sıklıkla 20–40 yaş arası genç erişkinlerde ortaya çıkar ve kadın cinsiyet erkek cinsiyetten yaklaşık olarak 3 kat daha fazla etkilenir **(3).**

MS etiyolojisi günümüzde net olarak anlaşılamamış olsa da, hem çevresel hem de genetik faktörlerin neden olduğu immün mekanizmaların hastalığın oluşumuna sebep olduğu düşünülmektedir. Vitamin D eksikliği, sigara kullanımı, ebstein-barr virüsü (EBV) gibi çevresel etkenler hastalığın oluşumunu etkilemektedir.

Çocukluk döneminde EBV enfeksiyonu geçirenlerde, bu enfeksiyonu geçirmeyenlere oranla, MS gelişme riskinin 15 kat, yaşamın daha geç dönemlerinde EBV enfeksiyonu geçirenlerde ise MS gelişme riskinin 30 kat arttığı bildirilmiştir. Ayrıca İnsan lökosit antijeni / Human leukocyte antigen (HLA)-DRB1*15 ve HLA-DRB1*03 genlerinin kişide bulunması da genetik faktörler olarak hastalığın oluşumunda etkenler arasındadır **(4,5).**

Beyin ve spinal kordun beyaz cevherinde fokal demiyelinizan plakların birikimi hastalığın temel histopatolojik özelliğidir. Ayrıca aksonal ve nöronal hasar da hastalık sürecinde izlenebilir **(6-9).**

Klinik seyri değişkenlik gösterebilen bir hastalık olan MS'te, bu değişkenlik hastalığın progresyonunda, başlangıç yaşında ve şeklinde, atak şiddeti ve sıklığında görülmektedir **(10).**

MS hastalığında; ekstremitelerde güçsüzlük, diplopi, ataksi, dizartri, optik nörit, konsantrasyon-bellek bozuklukları gibi klinik bulgular sık görülür **(11).**

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SONUÇ

MRG tekniği MS tanısında yardımcı bir yöntem olarak yaygın bir şekilde kullanılmaktadır. Özellikle son yıllarda MRG tekniğindeki önemli gelişmeler, klinik ve laboratuvar bulguları ile birlikte, MS gibi nörolojik hastalıkların tanı ve takiplerinde daha da kolaylık sağlamaktadır. MS hastalığı klinik seyir ve görüntüleme özellikleri açısından değişkenlik gösterebilmektedir. Bu nedenle, MS hastalığında bildirilen lezyon tutulum yerlerinin, morfolojilerinin, karakterizasyonlarının ve hastalık süreci boyunca değişimlerinin bilinmesi, hem tanı koymak hem de tedavi planının belirlenmesi açısından son derece önemlidir.

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