

D. HAREKET BOZUKLUKLARINDA NÜKLEER TIP

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Giriş

Hareket bozukluğu; kişide spastisite ve kuvvet kaybı olmaksızın, istemli ve otomatik hareketlerde ortaya çıkan kusurlar ile bunlarla birlikte giden nörolojik tabloları tanımlamaktadır. Hareket kusurları kabaca hipokinetik ile hiperkinetik bozukluklar olarak ayrılabilir (Tablo 1). Hareket azlığı; hipokinezi (hareket amplitüdünde azalma), bradikinezi (hareketin yavaşlaması) ve akinezi (hareketin kaybı) terimleriyle ifade edilir Hareket fazlalığı ise hiperkinezi (artmış hareketler) ve diskinezi (anormal nitelikteki hareketler) veya “anormal istemsiz hareketler” şeklinde ifade edilir. Hareket bozuklukları ile giden hastalıkların sınıflaması klinik fenomenolojiye göredir (belirtiye yönelik). Buna göre hareket bozuklukları parkinsonyan sendromlar, tremor, miyoklonus, kore, distoni ve ataksi olarak sınıflandırılmaktadır (1-3).

Hipokinetik Hareket Bozuklukları (Parkinsonyan Sendromlar)

Nükleer tıbbın asıl ilgi alanını oluşturan hipokinetik hareket bozukluklarının prototipi ve en sık görülen formu parkinsonizmdir. Hareket bozuklukları topluluğu, parkinsonizmi bradikineziye eşlik eden istirahat tremoru ve/veya rijidite olarak

tanımlamıştır. Bununla birlikte istirahat tremoru, akinezi/bradikinezi/hipokinezi, rijidite, postüral instabilite, motor donmalar ve vücutta fleksiyon postürü olmak üzere altı ana bulgunun kombinasyonları şeklinde de görülebilir. Parkinsonyan sendromlar ise parkinsonizm bulguları gösteren birçok hastalığı tanımlamaktadır (4-6). Bunlar iki ana başlık altında toplanmaktadır: Nörodejeneratif ve sekonder Parkinson hastalıkları (Tablo 2).

Tablo 1. Hipokinetik/hiperkinetik hareket kusurları.

Hipokinetik	Hiperkinetik
Akinezi/Bradikinezi (Parkinsonizm)	Atetozis
Rijidite	Kore
Donmalar	Ballismus
Bloklayıcı tikler	Tremor
Katapleksi ve düşme atakları	Tikler
Katatoni	Distoni
	Miyoklonus
	Miyoritmi
	Miyokimi
	Hemifasiyal spazm
	Huzursuz bacak sendromu
	Ağrılı ayak, hareket eden parmak sendromu
	Akatizi
	Paroksizmal diskineziler
	Hiperpleksi

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