Bölüm
18

HEMORAJİK İNME

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GİRİŞ

İntraserebral hemoraji (İSH), herhangi bir travma öyküsü olmaksızın beyin parankiminde meydana gelen kanamalardır. İskemik inmelerden çok daha az sıklıkta görülmesine rağmen, daha mortal seyretmesi nedeni ile risk faktörlerini tanımlamak, primer ve sekonder koruyucu yaklaşımlarını uygulayabilmek, hemoraji tedavisini yönetebilmek oldukça önemlidir. Bu bölümde İSH epidemiyolojisi, patofizyolojisi, oluşum mekanizmaları, kliniği ve tedavi yaklaşımları üzerinde durulacaktır.

Epidemiyoloji

İSH tüm inmelerin yaklaşık %10-20'sini oluşturur (1). Sık görülmesi ve mortalite oranının %50'ye varması nedeni ile önemli bir antitedir (2). Yirmi iki ülkeden 3000 hastanın alındığı INTERSTROKE çalışmasında hastaların %22'inde İSH tanısı konulurken, en yüksek Afrikalı, güney Amerikalı ve güney doğu Asyalı hastalarda saptanmıştır (1). Otuz altı çalışmanın derlendiği bir sistematik derlemede, İSH insidansı 24,6/100.000 saptanırken özellikle güney ve doğu Asya'da insidansın yüksek olduğu gözlenmiştir (3). Tüm yaş gruplarında insidansı erkeklerde daha yüksektir (4). Diğer inme tiplerinde olduğu gibi İSH görülme sıklığı da yaşla birlikte artar. Fransa'da yapılan bir çalışmada 1985 ve 2008 yıllarındaki İSH vakaları gözden geçirildiğinde < 60 yaş insidansı %50 azalırken, 75 yaş ≤ %80 artmaktadır. Bu insidans artışının özellikle lober hemorajiler yönünde ve antitrombotik kullanım artışı ile ilişkili olduğu gözlenmiştir (5). Genetik çalışmalar serebrovasküler hastalıklar içerisinde daha çok iskemik serebrovasküler hastalıklar üzerinde yoğunlaşmıştır. Albert ve arkadaşlarının yaptığı çalışmada İSH hastalarında ailesel birikim olabileceği belirtilmiştir (6). Çin'de yapılan bir çalışmada 14q22-q23 kromozomunda PRKCH geninde 1425G/A tek nükleotid polimorfizmi varlığında İSH insidansının arttığı belirtilmiştir (7). Anjiotensin dönüştürücü enzim (ACE) gen polimorfizminin de İSH riskini arttırdığı düşünülmektedir (8). Tip IV kollojen a1'i (COL4A1) kodlayan gende mutasyon serebral mikrokanamalara ve sporadik İSH'a yatkınlık oluşturabilir (9-11).

Patofizyoloji

1868 yılında Charcot ve Bouchard hipertansif İSH hastalarının beyin dokusunda 'milier anevrizmaları' tanımlanmıştır. Yirminci yüzyıl başlarında Ellis İSH patogenezinde primer olarak intimal lezyonun ortaya çıktığını, eşlik eden media ve adventisya tutulumunun da olabileceğini sonuç olarak vasküler duvara kan geçişi ve disseke anevrizmaların, bu vasküler anomali nedeni ile de rüptür ve hemorajilerin ortaya çıkabileceğini öne sürmüştür (12). Ross Russell tarafından da milier anevrizma-

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