Bölüm
24

MULTİPL SKLEROZ

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GİRİŞ

Multipl skleroz (MS) santral sinir sisteminin (SSS) en sık görülen kronik, inflamatuar, demiyelinizan ve nörodejenaratif bir hastalığıdır. Kompleks gen-çevre ilişkisinin neden olduğu hetrerojen ve multifaktoriyel immun aracılı mekanizmalar sonucu oluştuğu düşünülmektedir. Hastalığın kesin nedeni hala bilinmemektedir. MS'in patolojik özelliği beyin ve spinal kord beyaz ve gri cevherinde görülen demiyelizan lezyonların birikimidir. MS insidansı ve prevelası gelişmiş ve gelişmekte olan ülkelerde giderek artmaktadır ve cografik bölgelere göre değişir. Genellikle genç erişkinleri(tipik olarak 20-40 yaşlar arasında) etkiler ve bu yaş grubunda en sık travmaya bağlı olmayan özürlülüğün nedenidir. Dünya çapında yaklaşık 2.5 milyon kişiyi etkiler ve sosyoekonomik yükü yüksektir. Buna bağlı erken tanı ve tedavisi önemlidir(1-6).

Epidemiyoloji

Prevelans ve insidans ülke ve coğrafik bölgelere göre çok değişir. Ekvatordan uzaklaştıkça insidans ve prevelans artar. Tropik bölgelerde nadirdir ve kuzey ve güney yarı kürede yükselen enlem ile birlikte (>40 derece) oranlar artar. MS prevalansı Avrupa, Kuzey Amerika, Kanada ve Avustralya'da yüksektir(7,8,9). Irklara göre farklılık gösterir. Avrupa kökenli ırklarda daha sık, Asyalılar, siyahlar, yerli Amerikallılar ve Maorilerde daha nadirdir(1). Ortalama prevelans tahminleri Asyada 100.000 kişide 2, Avrupada 1000 kişide 1 ve yüksek enlem bölgesinde bazı ülkelerde prevelans 400'de 1'dir(1,6). Dünya çapında ortalama tahmini insidansı 100.000 kişi-yılına başına 5.2 (0,5-20,6), prevalansı 112.0(her 100.000 kişi için 5.2-.235 aralığında) ve ortalama hastalık süresi 20.2(7.6–36.2 yıl) olarak saptanmıştır(7,8,9).

Kadın cinsiyet hakimiyeti vardır ve erkeklerden üç kat kadar fazladır. Bu oran hastalığın progresif başlangıçlı formunda daha düşüktür. Yükselen enlem ile K/E oranı artmaktadır. MS'de K/E oranı 1900 yıllarının başında eşit iken, giderek arttığı görülmektedir. Kadın hakimiyeti prevelansın artmasına bağlanabilir. Bununla bir likte, özellikle kadınları etkilen çevresel risk faktörlerinde(örn; meslek, artan sigara içme, obesite, doğum kontrolü ve doğum) artışın olası bir rolü olduğu ileri sürülmektedir(1,6,10). En en sık 20-40 yaşları arasında görülür ve insidans 30 yaşında, prevelans 50 yaşında pik yapar. %10 kadar hastada 18 yaşından önce başlar. Çocukluk çağında ve 60 yaş sonrasında gelişebilir Çocukluk ve ergenliğin, tetikleyici faktörlere karşı kritik bir duyarlılık dönemi olduğu düşünülmektedir. %50' den fazlasında ölüm nedeni hastalık semptomlarıdır. Ölüm nedeni olarak enfeksiyonlar ve özkıyımın önemli ölçüde artığı görülür. Tahmini yaşam süresi 7-14

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oidler ve BTA, kannaboidlerin kullanımları için güvenli kanıtlar yoktur(183,224). Bağırsak fonksiyon bozukluğu hastalarının %50'sinden fazlasında görülür. Kabızlık en sıktır, ancak sık çıkma, sızıntı ve inkontinans meydana gelebilir. Bağırsak semptomlarının tedavisi büyük ölçüde ampiriktir. Cinsel işlev bozukluğu, hastalık sırasında MS'li hastaların% 90'ına kadarını etkiler. Erkekler öncelikle erektil disfonksiyon ve ejakülatör bozuklukları görülür. Kadınlarda en yaygın semptomlar anorgasmi ve azaltılmış libidodur. Hem erkeklerde hem de kadınlarda cinsel işlevi iyileştirmek için konservatif yöntemler önerilir(88,183,186).

Sonuç

MS halen etiyopatogenezi tam olarak bilinmeyen, özellikle gençleri etkileyen, özürlülüğe yol açan ve yaşam kalitesini önemli ölçüde etkileyen bir hastalıktır. Hastalık süreci süreklik gösterir ve dinamiktir. Bu yüzden hastalığın erken tanısı, erken tedavisi ve yakından izlenmesi önemlidir.

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