Bölüm
26

POLİNÖROPATİLER

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GİRİŞ

Periferik sinirlerin aynı nedenle yaygın tutulum ve hastalık tablosu oluşturmasına polinöropati denir. Polinöropatiler yetişkinlerde periferik sinirleri en sık tutan hastalıktır. Periferik sinirleri tutan hastalıklar herediter veya edinsel olarak iki ayrı başlık altında incelenebilir.

Periferal nöropatiler ile nöroloji pratiğinde çok sık karşılaşılmaktadır. 2015 te yapılan bir insidans çalışmasında polinöropati (PNP) insidansı 18 yaş ve üzeri erişkinlerde yılda 100.000 de 77 olarak bulunmuştur. Diyabetik PNP %32 oranında en sık görülen PNP iken, takiben kriptojenik aksonal PNP (%26), toksik PNP (%14) ve immun aracılı PNP (%9) sırasıyla görülen PNP 'ler olarak bulunmuştur (1).

Polinöropatilerde klinik tanıya hastada polinöropati varlığının gösterilmesi ve daha sonra bunun hangi nedene bağlı olduğunun ortaya konması ile gidilir. Bazen başka bir hastalığın semptomu olarak da görülebilen bu tabloyu ortaya çıkarabilen çok çeşitli etiyolojik nedenler vardır (2).

Polinöropatiler; etkiledikleri liflerin motor, duyusal, otonomik olmasına göre semptom verirler. Motor liflerin tutulumu; kaslarda güçsüzlük, atrofi, kramplar, reflekslerde azalma yaparken; duyusal liflerin tutulumu ile hissizlik, yanıcı-batıcı ağrılar, paresteziler, hipoestezi, karıncalanma, derin duyu tutulumuna bağlı ataksi görülebilir. Otonom liflerin tutulumunda ise ortostatik bulgular, cilt değişiklikleri, mesane-barsak fonksiyon bozuklukları ortaya çıkabilir (3). Elektrofizyolojik testler; tutulumun nöropati veya myopati olduğunu ayırt etmede, nöropatik tutulumun hangi nedene bağlı (polinöropatiye veya periferik sinirlerde poliradikülonöropatiye (ör: lomber stenoza) sekonder) geliştiği hakkında bilgi verir. Tutulum aksonal veya demyelinizan karakterdedir (4). EMG'de demyelinizan bulgular; ileti hızlarında yavaşlama, ileti blokları, temporal dispersiyon, distal latans ve F dalga latansında uzamadır. Aksonal bulgular; ileti hızları göreceli olarak korunmuşken birleşik kas aksiyon potansiyellerinde azalma şeklinde ortaya çıkar. İğne EMG'de akut dönemde denervasyon potansiyelleri, kronik dönemde nörojenik motor ünite potansiyelleri görülür (5). İnflamatuar tutulum düşünülüyorsa BOS (beyin omurilik sıvısı) incelemesi yapılmadır. Periferik sinir biyopsisi noninvaziv testlerle tanı konulamayan subakut ve kronik seyirli hastalarda amiloid, vaskülit veya bazı enfeksiyöz (lepra) ajanlar düşünülüyorsa yapılmalıdır (6).

Nörolojik muayane ve EMG'nin normal olabildiği ince lif nöropatisi olan hastalarda otonom tutulumu değerlendirmede sudomotor deri yanıtları, tilt testi, valsalva manevrası ile kan basıncı ölçümünden yararlanılır. Kantitatif duysal testler

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Sonuç: Polinöropatilerde tutulumun akut veya kronik başladığı, nasıl ilerlediği klinik olarak ortaya konulmalı ve nedene yönelik spesifik tedavi başlanmalıdır. Periferik sinir tutulumunun altında yatan nedenin saptanamadığı durumlarda hastalar tanı ve tedavi için ileri merkezlere sevk edilmelidir.

Anahtar kelimeler: Polinöropati, aksonal, demyelinizan

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