Bölüm
31

SEREBELLAR HASTALIKLAR

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GİRİŞ

Serebellar hastalıklar nörolojik hastalıklar spektrumu içerisinde çok sık görülmeyen, semptomatolojik olarak dikkat çekici özellikleri olan; herediter ataksiler, edinsel durumlar ve konjenital malformasyonlar başta olmak üzere birçok farklı nedeni bulunan durumlardır. Serebellar hastalıkların genel karakterinde ataksi en sık görülen ve en belirgin bulgudur. Ataksi tek başına veya nistagmus, dismetri, disdiadokinezi, hipotoni, panduler refleks, dizartri gibi farklı ama tipik nörolojik bulgular ile birlikte görülebilmektedir. Teşhis büyük oranda hasta öyküsü ve nörolojik muayene ile klinik olarak konulabilir. Ayırıcı tanıda sıklıkla görüntüleme hatta genetik testlerin de kullanılması gerekebilir. Aşağıdaki tabloda serebellar hastalık yapan durumlar genel olarak gösterilmiştir (Tablo 1).

Tablo 1: Serebellar Hastalık Yapan Durumlar

Herediter Ataksiler
Otozomal resesif
Otozomal dominant
X'e bağlı resesif
Vasküler Hastalıklar
Tümörler
Enfeksiyonlar
İnflamatuar veya otoimmün hastalıklar
Paraneoplastik sendromlar
Metabolik ve hormonal bozukluklar
İlaçlar ve toksinler
Gelişimsel anormallikler
Travma

HEREDİTER ATAKSİLER

Serebellar ataksilerin tümü serebellumun ilerleyen atrofisi, motor işlevinin, dengenin, yürüyüşün ve konuşmanın bozulmasına yol açan net bir purkinje hücresi kaybıyla karakterize, klinik olarak homojen ve genetik olarak heterojen bir nörodejeneratif hastalık grubudur. En belirgin klinik özellik piramidal, ekstrapiramidal ve bilişsel disfonksiyon gibi diğer nörolojik bulgular ile beraber olabilen serebellar ataksidir. Hastalığın kalıtım paternleri kabaca otozomal dominant (OD), otozomal resesif (OR), X'e bağlı (XB) veya mitokondriyal olabilir (1). Kesin serebellar ataksi sayısı tam olarak bilinmemektedir (2). Bu başlıkta herediter geçişli serebellar ataksilerden en sık rastlanılan ve muhtemelen ülkemizde görülebilecek olanlarından bahsedilecektir.

OTOZOMAL RESESİF SEREBELLAR ATAKSİLER

Klinik bulgular genellikle çocukluk ve erken erişkin döneminde başlar. Nadiren ileri yaşlarda görülür. Çoğunlukla aile fertlerinden biri hasta olur ve genelde ebeveynler asemtomatik heterozigot-

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sapı, talamus, spinal kord, vestibulo serebellar sistem gibi serebellum dışı bölgelerin etkilenimi tabloya eklenebilir. Ataksi dışında nistagmus, hipotoni, dizartri, panduler refleks, tremor, piramidal ve ekstapramidal bulgular, kognitif etkilenim gibi farklı nörolojik bulgularla da karşımıza gelebilirler. Vasküler hadiseler, tümörler, enfeksiyonlar, multipl skleroz gibi inflamatuar ve otoimmun durumlar, paraneoplastik sendromlar, B-12 eksikliği gibi metabolik ve hipotiroidi gibi hormonal durumlar, alkol, ilaçlar, toksinler ve travma sık görülen edinsel serebellar etkilenim yapan nedenlerdir. Serebellar hastalıkların teşhisinde hasta öyküsü ve nörolojik muayene önemli olup ayırıcı tanıda sıklıkla nörogörüntüleme ve genetik testlerin de kullanılması gerekebilir

Anahtar Kelimeler: Serebellar hastalık, ataksi, nistagmus

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