



Neurodegenerativne bolesti CNS-a, medicinski tim, lekar – sestra

Neurodegenerative Diseases of the CNS, Medical Team, Doctor-Nurse

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Apstrakt

Multipla skleroza je bolest mozga i kičmene moždine, tj. centralnog nervnog sistema. Kod multiple skleroze imuni sistem napada zaštitni mijelinski omotač koji prekriva vlakna nerava i time uzrokuje probleme u komunikaciji između mozga i ostatka tela. U krajnjem slučaju, multipla skleroza može da izazove pogoršanje i trajno oštećenje nerava.

Znaci i simptomi multiple skleroze mogu da variraju i zavise od količine oštećenih nerava, ali i od toga koji su nervi pogođeni ovom bolešću. Neki ljudi oboleli od MS mogu da izgube sposobnost samostalnog hoda ili hoda uopšte, dok drugi mogu imati duge periode remisije, bez ikakvih novih simptoma. Ne postoji izlečenje kod ove bolesti. Međutim, uspešna dijagnoza multiple skleroze vodi do lečenja koje može da ubrza oporavak od napada, modifikuje tok bolesti i ublaži njene simptome. Znaci i simptomi multiple skleroze se mogu veoma razlikovati od osobe do osobe i u toku bolesti, u zavisnosti od mesta pogođenih nerava.

Uzrok multiple skleroze još nije poznat. Smatra se autoimunom bolešću, pri kojoj imuni sistem napada svoja sopstvena tkiva. Nije potpuno jasno zašto se multipla skleroza javlja kod nekih ljudi, a kod drugih ne. Pa ipak, pretpostavlja se da je u pitanju kombinacija genetskih faktora i faktora sredine u kojoj živimo. Dakle, faktori koji mogu doprineti razvoju ove bolesti su sledeći:

- starost – najčešće se javlja kod ljudi starosti 16 – 55 godina,
- pol – tri puta češće se javlja kod žena nego kod muškaraca,
- porodična istorija bolesti – ako neko od roditelja ili braće i sestara ima MS, rizik za oboljevanje je veći,
- određene infekcije i virusi,
- etnička pripadnost – češće obolevaju ljudi iz severne Evrope od ostalih,
- klima – veći je rizik u zemljama sa umerenom klimom poput Kanade, severnog dela SAD-a, Novog Zelanda, jugoistočne Australije, država Evrope,
- vitamin D – nizak nivo vitamina D i nedovoljno izlaganje suncu povećavaju rizik,
- određene autoimune bolesti – tiroidne bolesti, dijabetes tipa 1, inflamatorne bolesti creva doprinose većem riziku od oboljevanja.

Ne postoje specifični testovi za otkrivanje multiple skleroze. Umesto toga, dijagnoza multiple skleroze se obično postavlja uz otklanjanje sumnje na postojanje drugih bolesti sa istim ili sličnim znacima i simptomima. Dijagnoza se postavlja na osnovu lumbalne punkcije i analize likvora, merenja električnih aktiv-

Abstract

Multiple sclerosis is a disease of the brain and spinal cord, i.e. central nervous system. In multiple sclerosis, the immune system attacks the protective myelin sheath that covers the nerve fibers, causing communication problems between the brain and the rest of the body. In extreme cases, multiple sclerosis can cause worsening and permanent nerve damage.

The signs and symptoms of multiple sclerosis can vary and depend on the number of damaged nerves, and also on which nerves are affected by this disease. Some people with MS may lose the ability to walk independently or at all, while others may have long periods of remission without any new symptoms. There is no cure for this disease. However, a successful diagnosis of multiple sclerosis leads to treatment that can speed recovery from attacks, modify the course of the disease, and alleviate its symptoms. The signs and symptoms of multiple sclerosis can vary greatly from person to person and over the course of the disease depending on where the nerves are affected.

The cause of multiple sclerosis is not yet known. It is considered an autoimmune disease in which the immune system attacks its own tissues. It is not completely clear why multiple sclerosis occurs in some people and not in others. And yet, it is assumed to be a combination of genetic factors and environmental factors in which we live. So, the factors that can contribute to the development of this disease are the following:

- Age - most often occurs in people aged 16-55 years,
- Gender - occurs three times more often among women than men,
- Family history of the disease - if one of the parents or siblings has MS, the risk of the disease is higher,
- Certain infections and viruses,
- Ethnic affiliation - people from Northern Europe get sick more often than others,
- Climate - the risk is greater in countries with a moderate climate such as Canada, the northern part of the USA, New Zealand, southeastern Australia, European countries,
- Vitamin D – low levels of vitamin D and insufficient sun exposure increase the risk,
- Certain autoimmune diseases - thyroid diseases, type 1 diabetes, and inflammatory bowel diseases contribute to a higher risk of the disease.

There are no specific tests to detect multiple sclerosis. Instead, the diagnosis of multiple sclerosis is usually made after eliminating the possibilities of other diseases with the same or similar



nosti mozga – evocirani potencijali, CT (skener) mozga, MR – magnetne rezonance mozga. Cilj je da se dijagnoza postavi na vreme i pruži adekvatna terapija kako bi se propadanje mijelina zaustavilo. Posmatrajući deceniju ili dve unazad, terapija koja je bila dostupna su najpre bili kortikosteroidi, u svrhu sprečavanja zapaljenja i reo interferon. Danas je to značajno drugačije, sa ozbiljnim tendencijama da se obezbede terapijski protokoli kao u razvijenim zemljama.

Od dijagnoze, rane primene adekvatne terapije, praćenja i rehabilitacije, zavisi stepen invalidnosti i kvalitet života.

signs and symptoms. The diagnosis is made on the basis of lumbar puncture and analysis of cerebrospinal fluid, measurement of the electrical activity of the brain - evoked potentials, CT (scanner) of the brain, MR - magnetic resonance of the brain. The goal is to make a diagnosis in time and provide adequate therapy in order to stop the deterioration of myelin. Looking back a decade or two the therapy that was available was primarily corticosteroids to prevent inflammation and then interferon. Today it is significantly different with serious tendencies to provide therapeutic protocols as in developed countries.

The degree of disability and quality of life depend on the diagnosis, early application of adequate therapy, follow-up, and rehabilitation.