OPZ250 Mesleki Yabancı Dil I

14.hafta

Reference Review And Discussion On Trunk Orthoses & Multiple Sclerosis

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Reference review and discussion on trunk orthoses

Multiple Sclerosis

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Description

Autoimmune progressive demyelinating disease of the central nervous system (CNS), which is prevalent in adults but uncommon in children.

Etiology/Types

- _Relapsing-remitting (most common)
- _Primary progressive
- _Secondary progressive
- _Progressive-relapsing

Risk Factors

- _Environmental factors (viral exposure, country of origin, sun exposure, and temperate climate) may play a role
- _Genetic and ethnic factors are suggested

Clinical Features

- _Polyfocal or polysymptomatic neurologic deficits
- _Isolated optic neuritis (higher risk of developing MS if bilateral)
- _Isolated brain-stem dysfunction
- _Isolated dysfunction of the long tracts
- _Fatigue (severe enough to limit school performance or recreational activities)
- _Encephalopathic signs (usually absent in adults) such as headaches, vomiting, seizures, and altered mental status
- _Bladder dysfunction (urgency and frequency more frequent than obstructive symptoms)
- _Heat sensitivity (Uhthoff's phenomenon) causes exacerbation or worsening of symptoms with increased body temperature

Natural History

- _Involvement of CNS white matter leads to clinical neurological impairments. Remission usually follows. Other episodes involve different areas of the white matter
- _Episodes are spread over time (at least two distinct neurologic episodes) and location (evidence of lesions seen by clinical findings, magnetic resonance imaging (MRI), computed tomography, or evoked potentials)
- _Time to recover from clinical exacerbation is shorter in children (4.3 weeks vs up to 8 weeks in adults)
- _Length of time between first and second neurologic episodes can extend up to 2 years

Diagnosis

Differential diagnosis

- _CNS infection
- _CNS malignancy
- _Primary small-vessel vasculitis of the CNS
- _Macrophage-activation syndrome
- _Inherited white matter leukodystrophies
- _Transverse myelitis

History

More than one clinical episode of the following occurs:

- _Muscular weakness
- _Sensory deficits
- _Visual disturbances: blurry vision, partial blindness, and diplopia
- _Coordination deficits
- _Bulbar impairments
- _Dysautonomia: vertigo, headaches, somnolence, tinnitus, and sphincter incompetence
- _Depending on the subtype, the patient may recover or evolve into a progressive chronic course