

NEUROLOGIA CLINICA. SENSIBILITATEA.

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SENSIBILITATEA: clasificare

1. SUPERFICIALĂ (exteroreceptori):

- termică (cald si rece),
- tactilă,
- algică.

2. PROFUNDĂ (proprioreceptori):

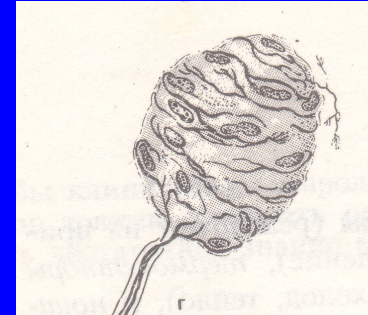
- simtul de vibratiune,
- simtul mioartrocinetic,
- simtul de presiune.

3. COMPLEXĂ :

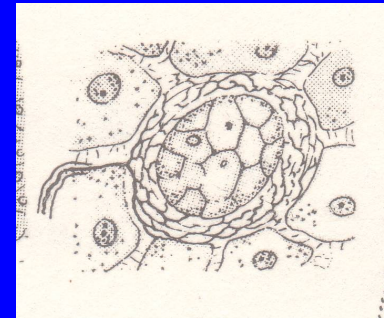
- simtul de localizare,
- simtul de discriminare,
- grafestezia,
- stereognozia.

RECEPTORII: clasificare histologică

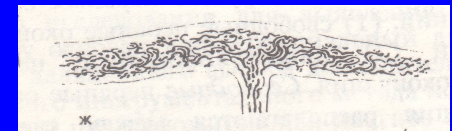
corpusculii Meissner – tactilitatea



discurile Merkel – presiunea

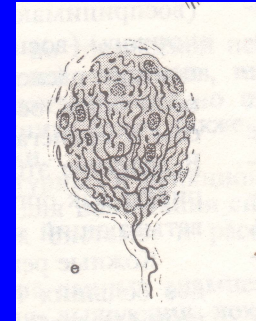


terminatiunile Ruffini - cald

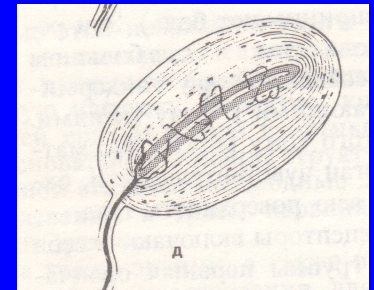


RECEPTORII: clasificare histologică

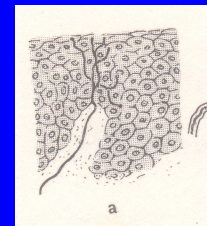
bulbii Krause – rece



corpusculii Vater-Pacini –
vibratiunea

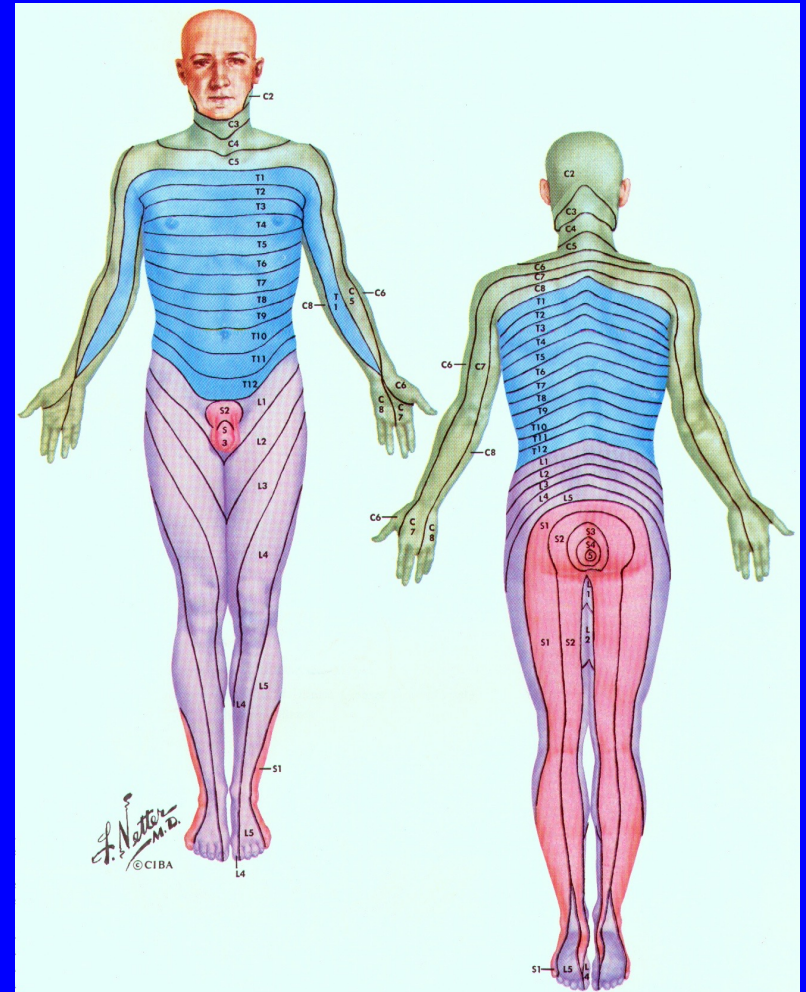
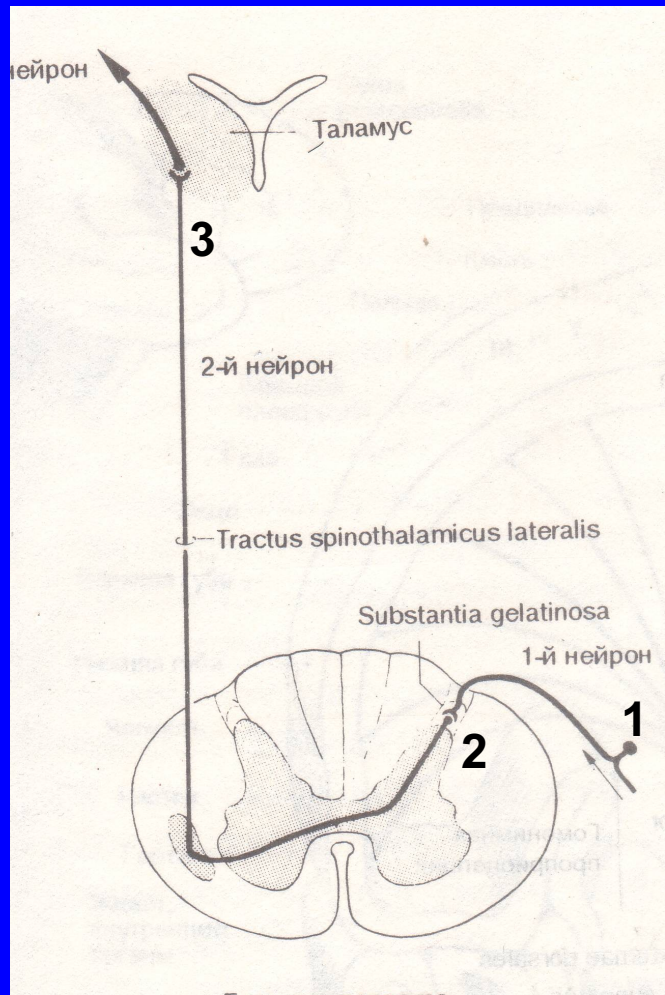


terminatiuni nervoase „libere”-
durerea



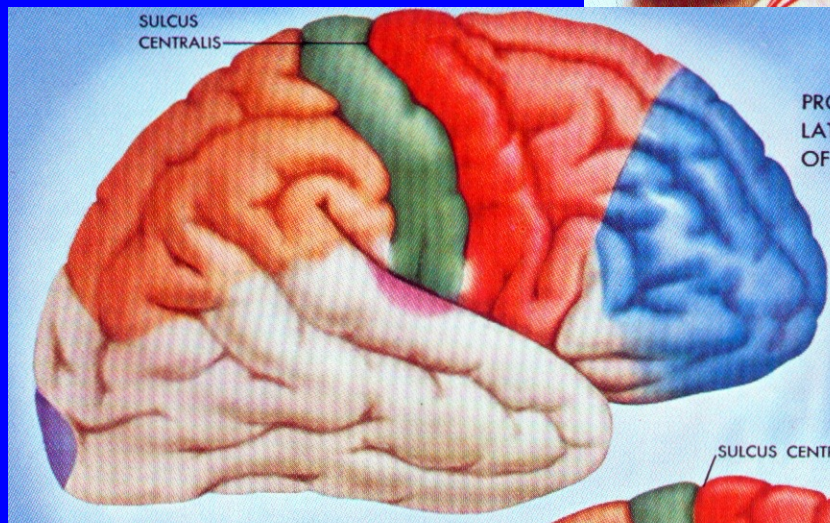
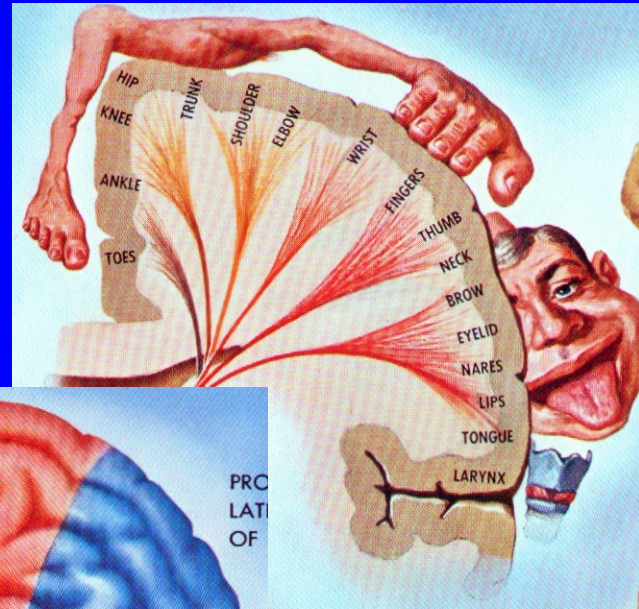
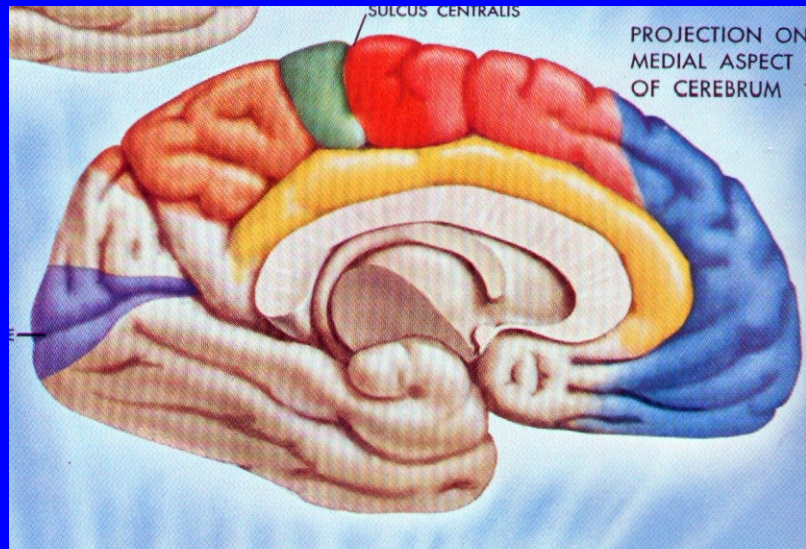
Calea sensibilitatii superficiale

(durerea si simtul termic)



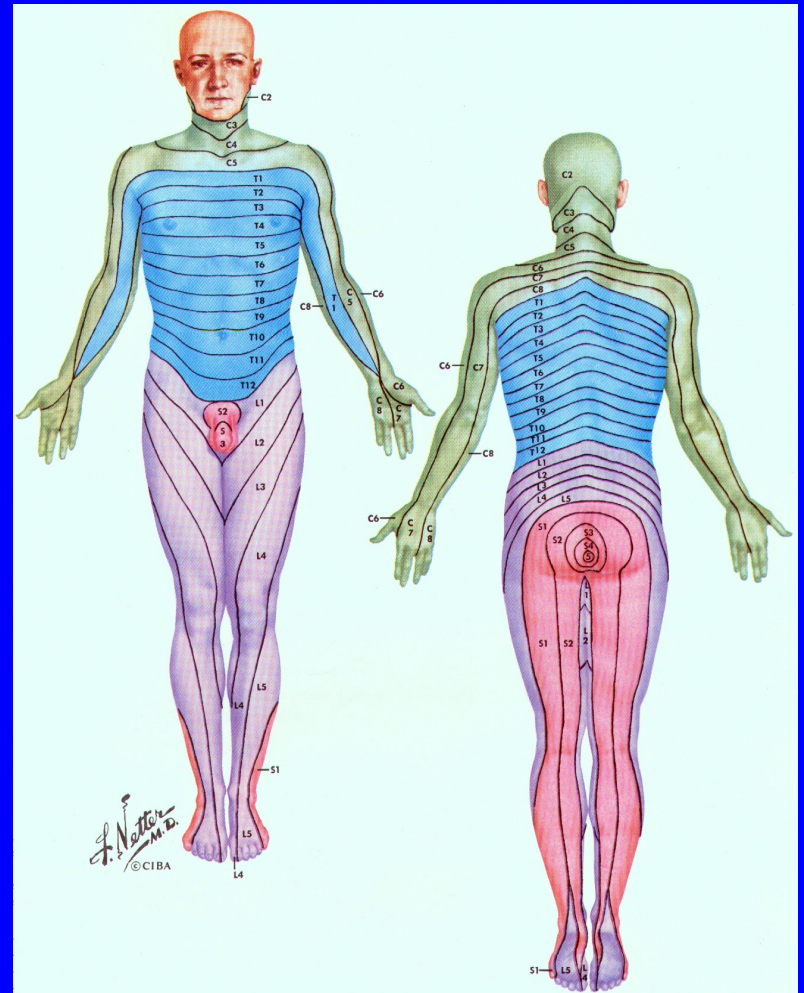
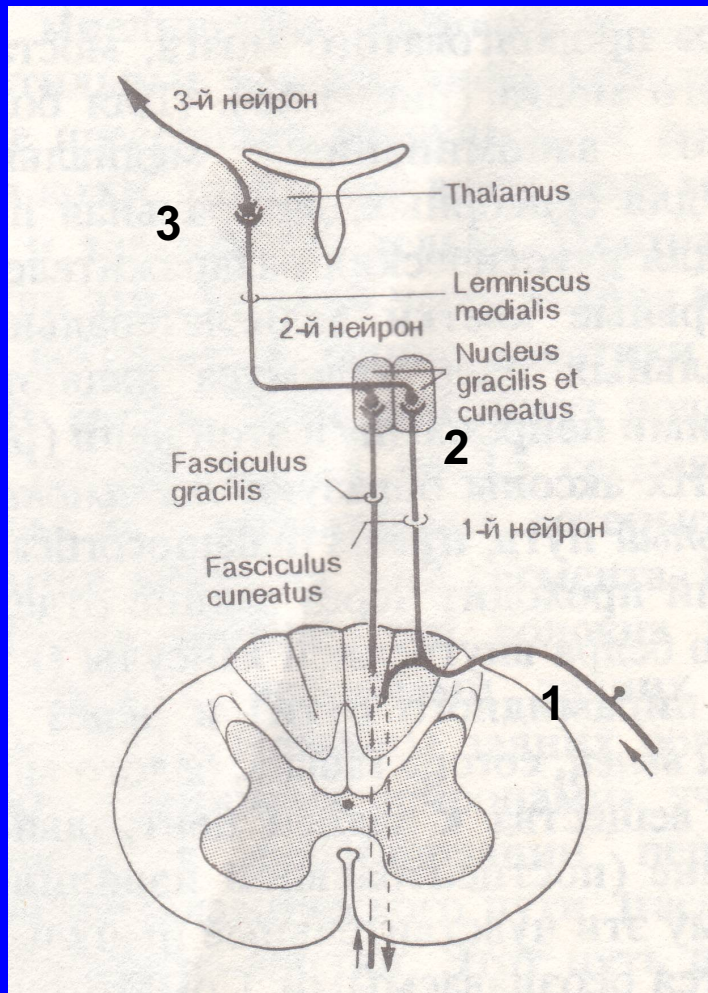
Calea Sensibilitatii Superficiale

Analizatorul Cortical



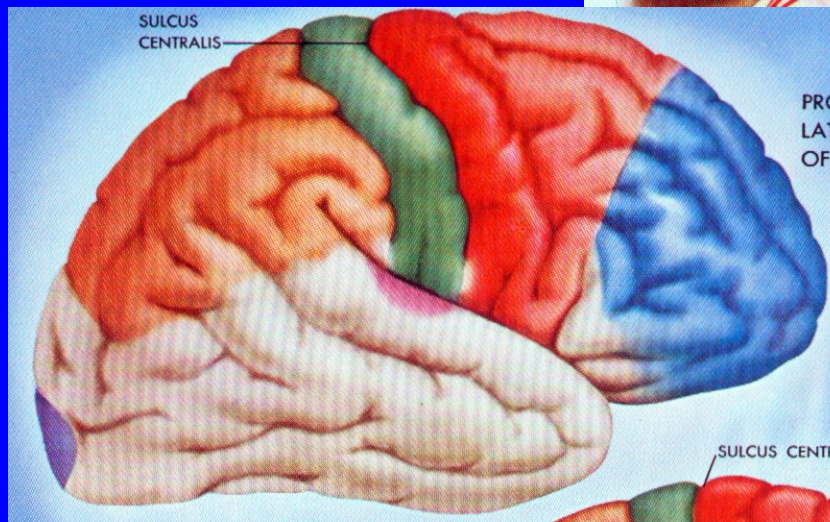
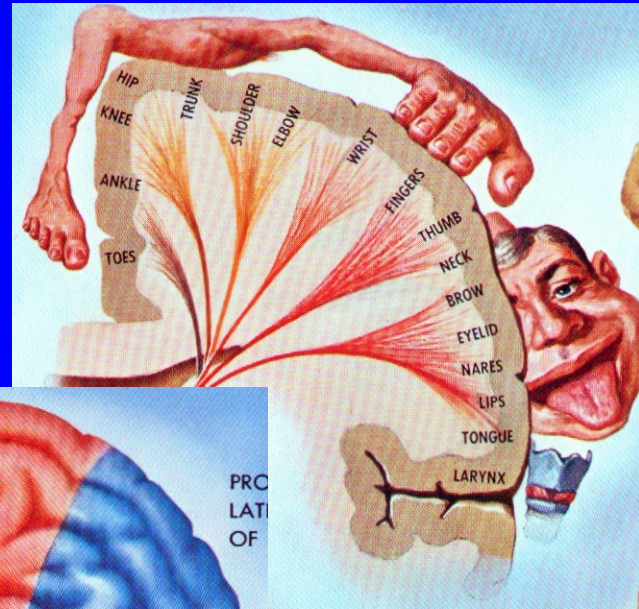
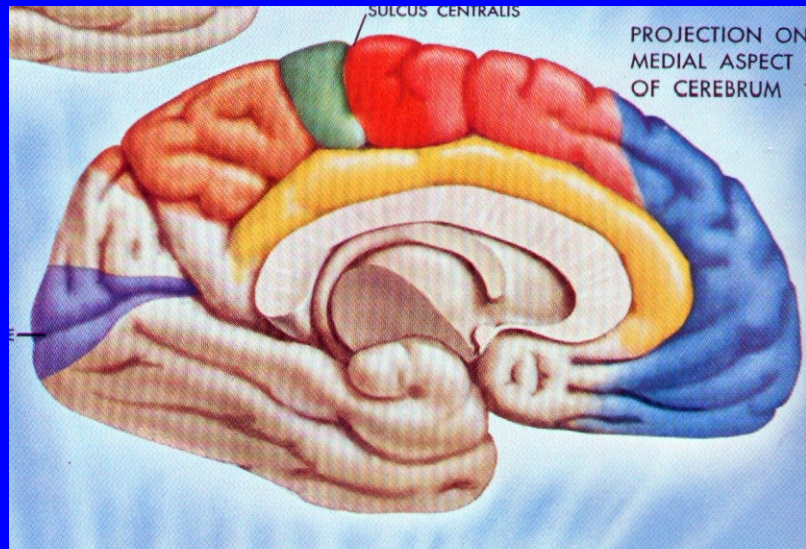
Calea Sensibilitatii Profunde

(simtul de vibratiune, mioartrocinetic etc.)



Calea Sensibilitatii Profunde

Analizatorul Cortical



Calea Sensibilitatii

Rezumat

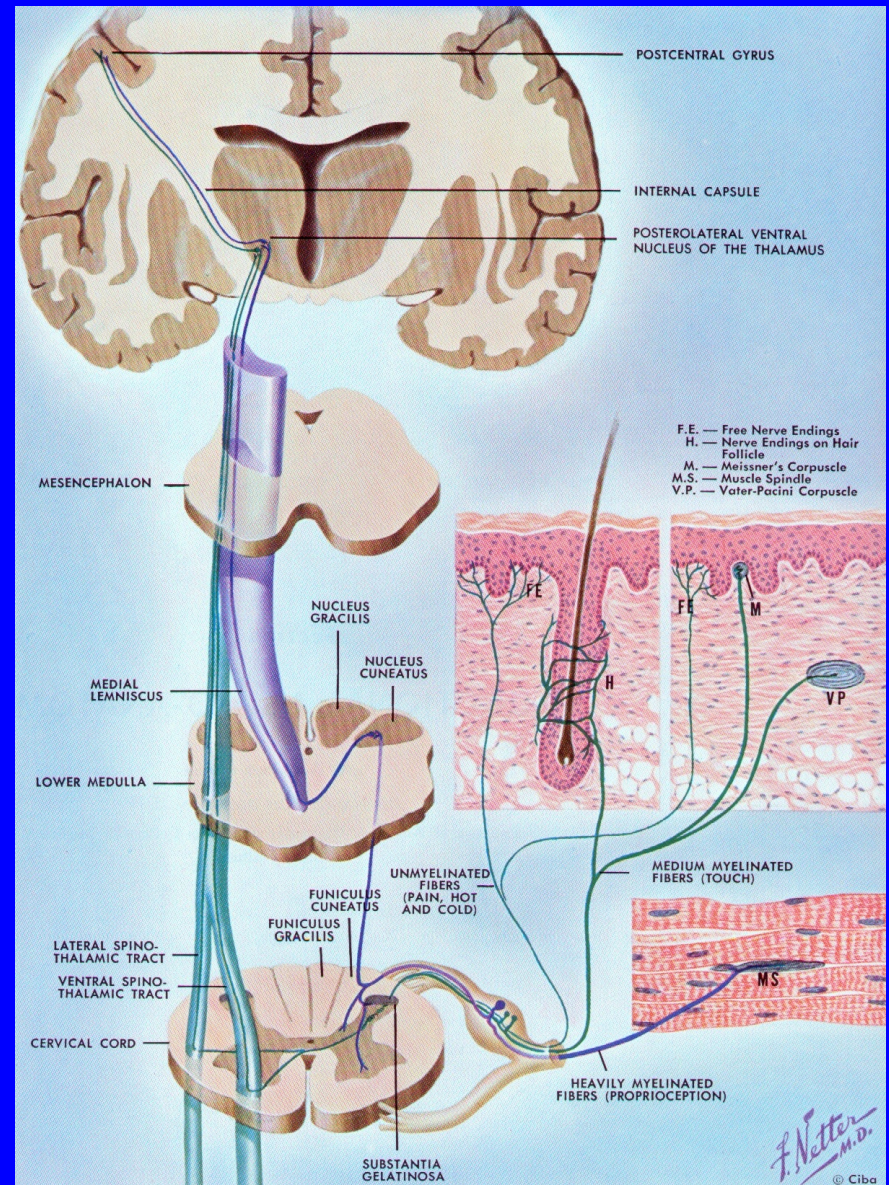
Lant din 3 neuroni

Corpul neuronului 1 –
ganglionul intervertebral

Incrucisarea – dupa
corpul neuronului 2

Corpul neuronului 3 –
tuberculul optic

Analizatorul cortical –
circumvolutia
postcentrala



EXAMENUL CLINIC AL SENSIBILITATII

Axiome:

1. Pacientul închide ochii
2. Excitatie se aplica pe tegumente

Reguli:

1. Cranial - caudal
2. Simetric
3. Extremitati: proximal – distal
4. Extremitati: pe perimetru

DEMONSTREZA – TESTEAZA - CONTROLEAZA

DEREGLAREA SENSIBILITATII

Feluri (simptome):

Hipoestezie (diminuarea senzatiei – termice, algice, etc.)

Anestezie (pierderea completă a sensibilității);
palanestezie – pierderea simtului de vibrațiune.

Disestezie

Hiperestezie

Hiperpatie (durere severă sau de calitate neplăcută)

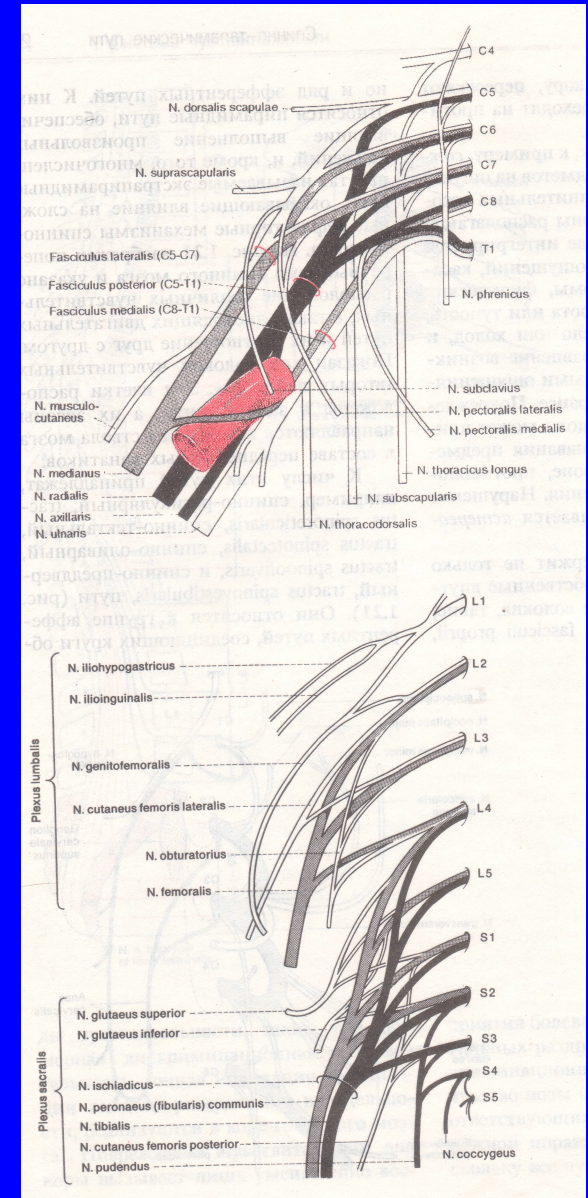
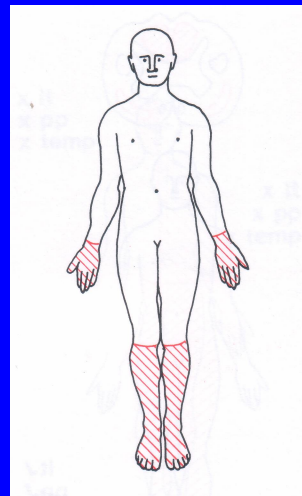
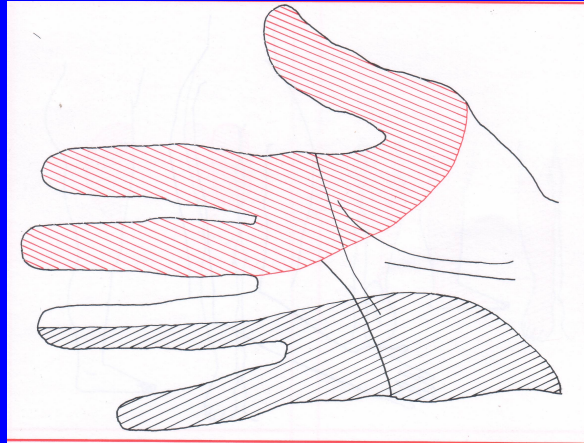
Parestezie (amorțire, înghețare, frigere, etc.)

DEREGLAREA SENSIBILITATII

TIPURI (sindroame):

I. Periferic

- mononeural
- multineural
- polineural
- plexal

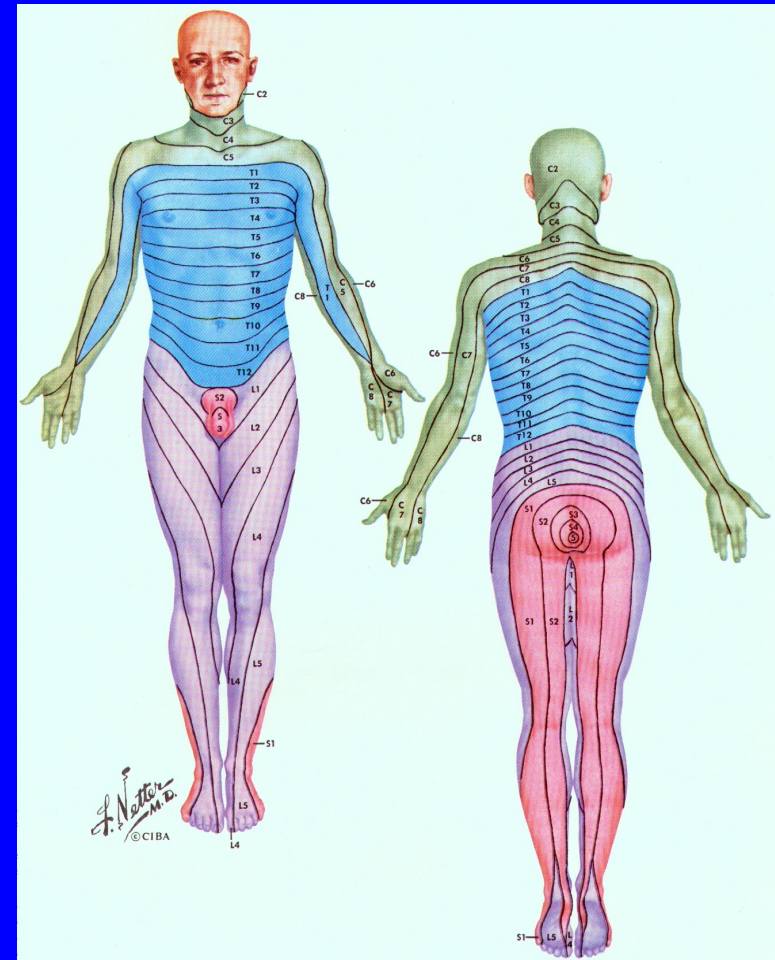


DEREGLAREA SENSIBILITATII

TIPURI:

II. Segmentar (dermatomer)

- ganglionar (+ erupții Herpes Zoster)
- radicular (+ semne de elongație)
- „coarne posterioare” (disociat)
- comisural (siringomielic – disociat „scurtă” sau „semiscurtă”)



ERUPTII de HERPES ZOSTER

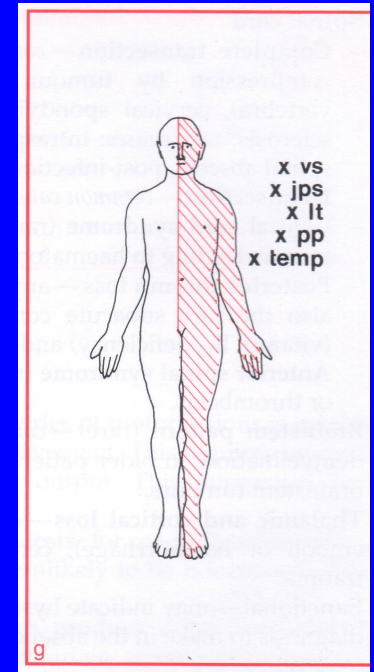


DEREGLAREA SENSIBILITATII

TIPURI:

III. Conductiv (prezenta nivelului de afectare)

- cordoane posterioare (ataxie senzitivă)
- sindromul Brown-Sequard (semisectiune transversă)
- sectiune transversă completă (paraplegic)
- truncular (hemi + altern)
- talamic (hemi + dureri talamice)
- capsular (sindromul celor 3 sau 4 hemi)



DEREGLAREA SENSIBILITATII

TIPURI:

IV. Cortical

- mono
- hemi

V. Functional (истерic)

TULBURARI DE SENSIBILITATE

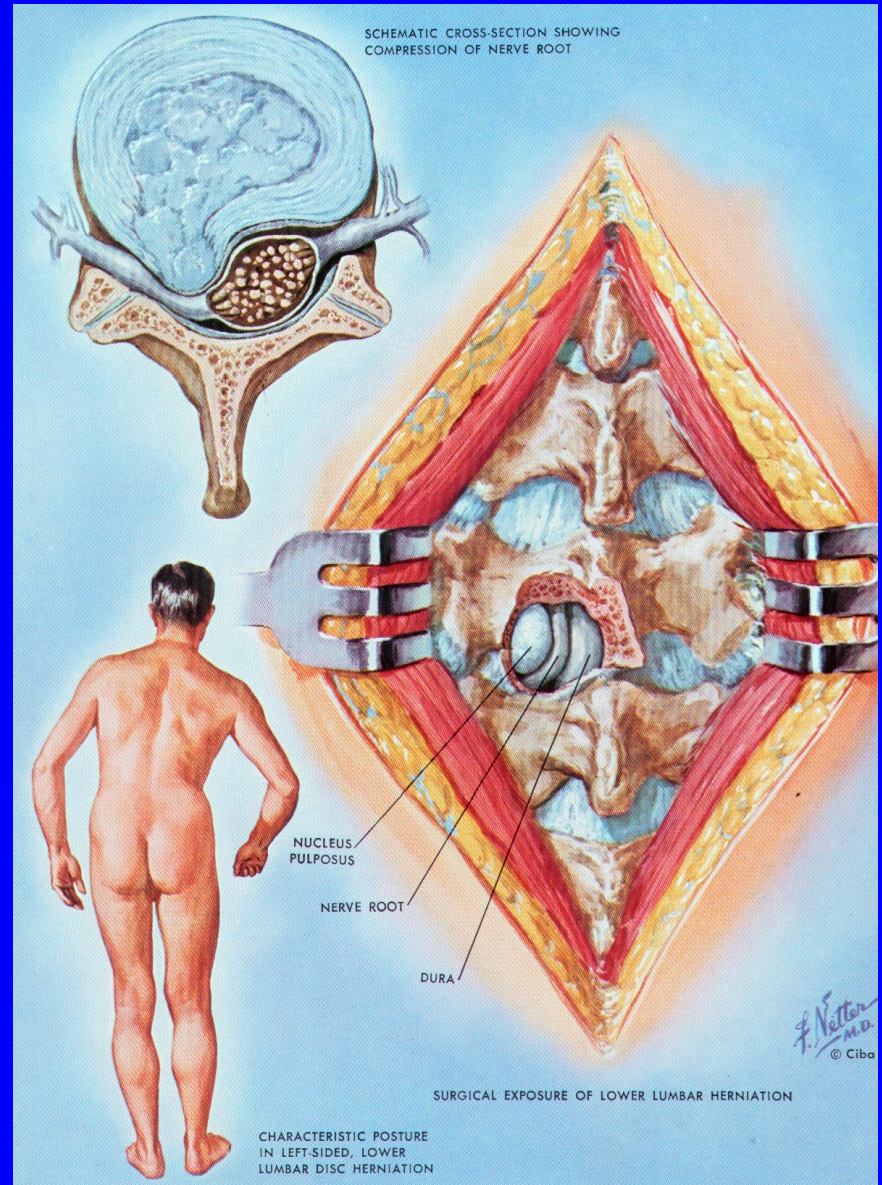
SEMNICATIE DE DIAGNOSTIC

- **Afectarea unui singur nerv** — tip periferic, varianta mononeurală. *Cauză frecventă:* neuropatie de tip tunel. Diabet zaharat, artrită reumatoidă, hipotiroidism.
- **Afectarea multiplă de nervi:** mononeuritis multiplex – varianta multineurală. *Cauză frecventă:* vasculită, în cadrul unor neuropatii difuze.
-
- **Polineuropatii** – tip periferic, varianta polineurală. *Cauză frecventă:* diabet zaharat, alcoolism, carență de vitamina B12, medicamentoase (de ex.vincristina); frecvent neidentificate; *cauze rare:* sindromul Guillain-Barre, neuropatii ereditare (de ex. maladia Charcot-Marie-Tooth), vasculite, alte carențe de vitamine.

TULBURARI DE SENSIBILITATE

SEMNIFICATIE DE DIAGNOSTIC

-Suferință radiculară — tip segmentar, varianta radiculară. *Cauză frecventă:* hernie de disc intervertebral; *Cauze rare:* tumori (de ex. neurofibroma).

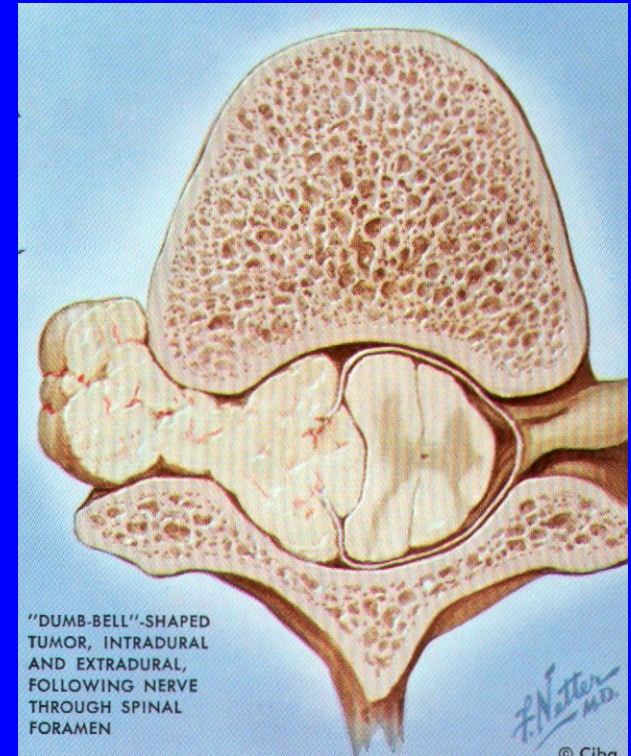


TULBURARI DE SENSIBILITATE

SEMNIFICATIE DE DIAGNOSTIC

- Leziune medulară

- Tip conductiv, varianta paraplegică. *Cauze frecvente:* traume, tumori vertebrale, spondilită cervicală, mielita transversă, scleroza multiplă; *Cauze rare:* tumori intraspinale (de ex. meningioamele), abcese spinale, sindromul arterei spinale anterioare.

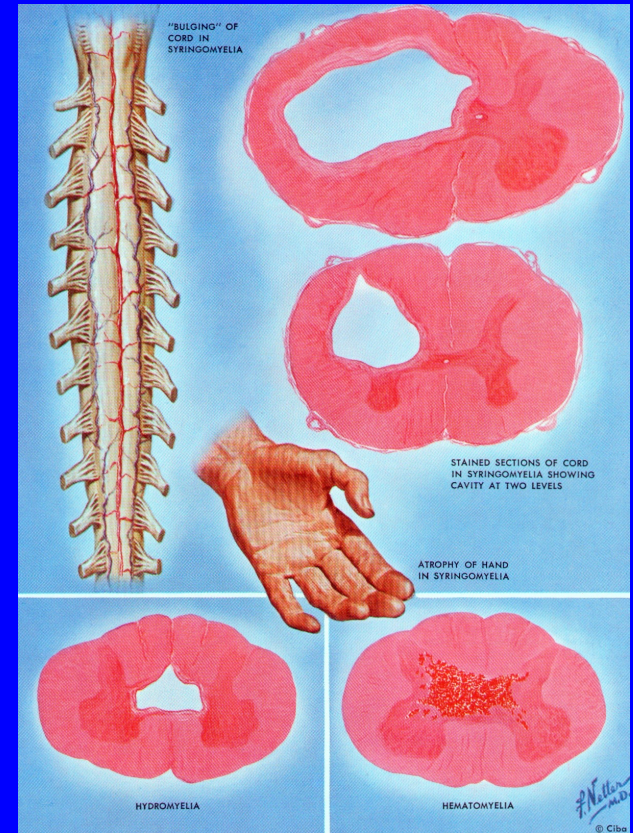


TULBURARI DE SENSIBILITATE

SEMNIFICATIE DE DIAGNOSTIC

Leziune medulară

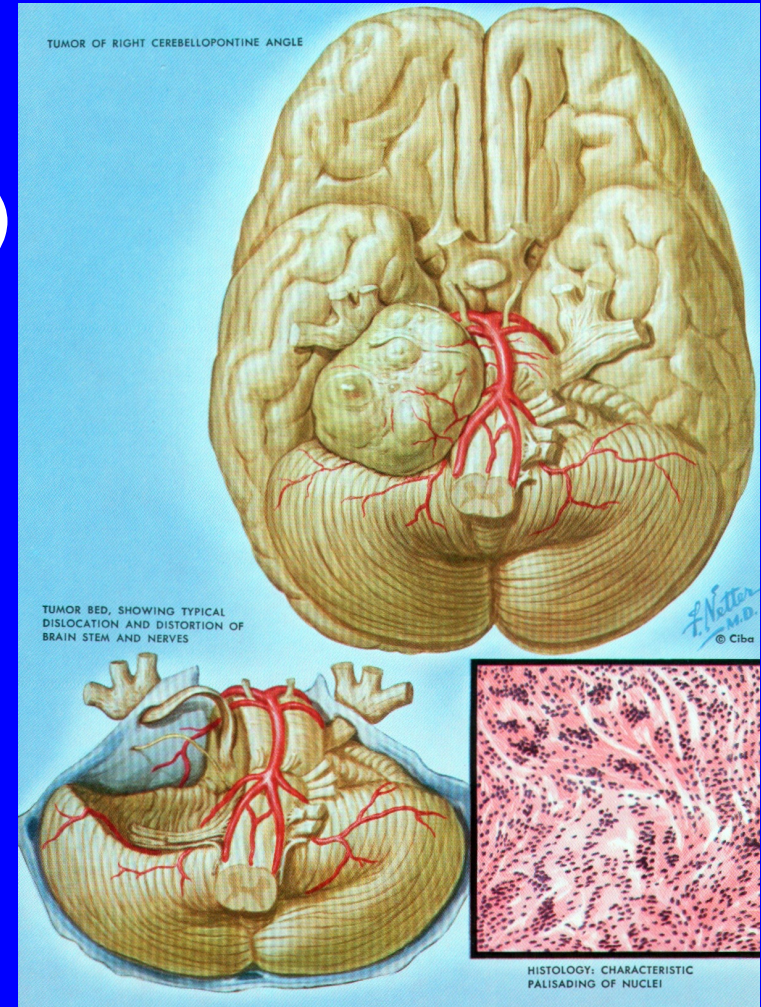
- Tip segmentar, varianta comisurală (rar)—*Cauze:* siringomielia, hematomieli post-traumatică.
- Tip conductiv, varianta cordoane posterioare (rar) — carentă de vit B12 și tabes dorsalis, sindromul artrelor spinale posterioare.



TULBURARI DE SENSIBILITATE

SEMNFICATIE DE DIAGNOSTIC

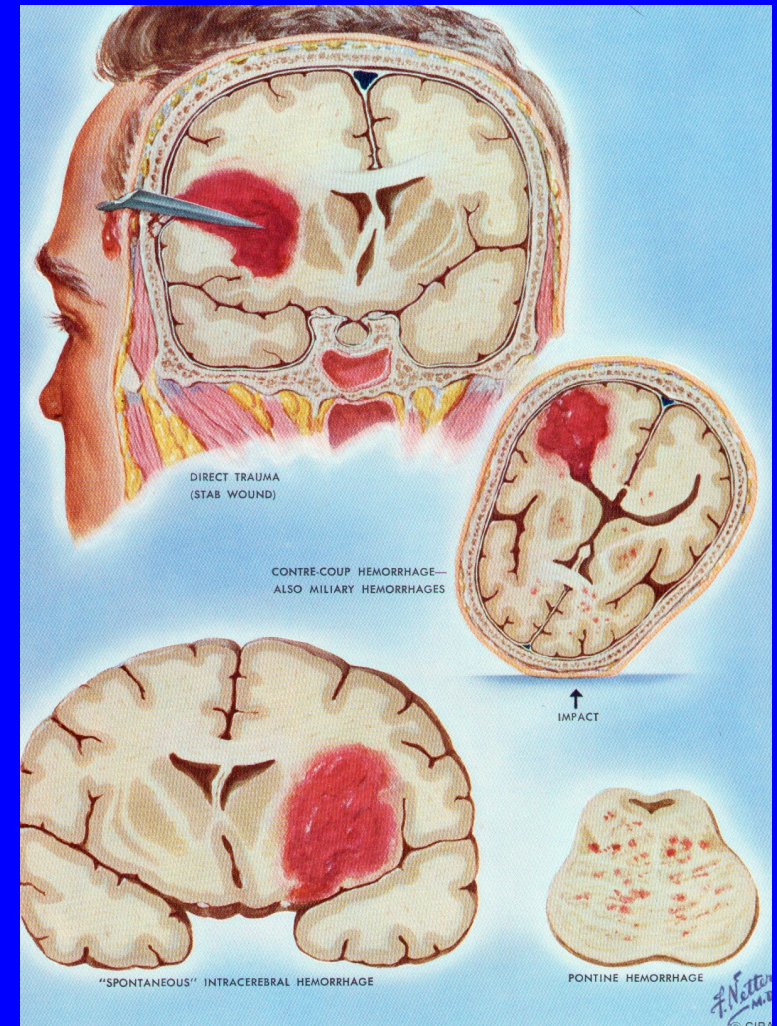
- **Lezare de trunchi cerebral** (rar)
- **Cauze frecvente:**
demielinizare, AVC,
- **Cauze rare:**
tumori.



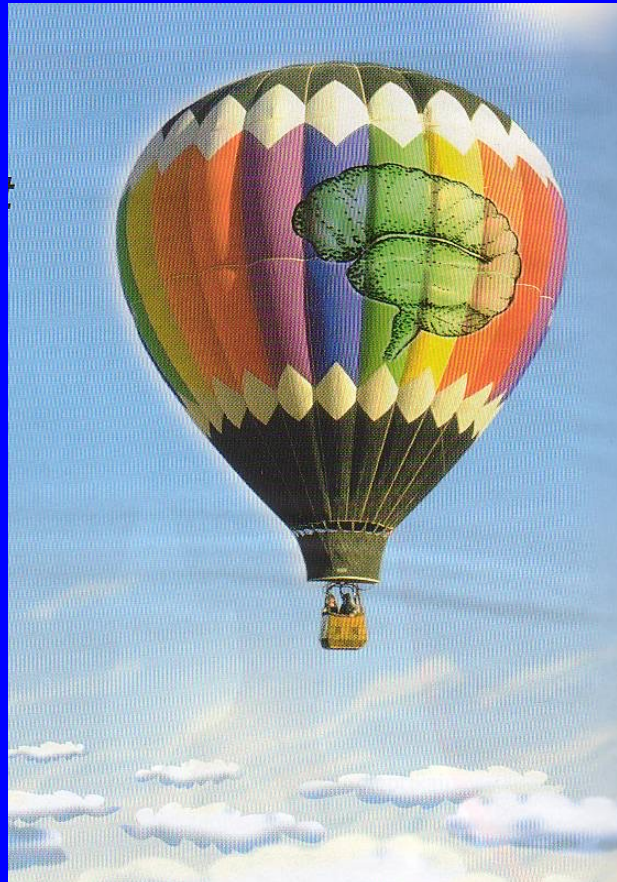
TULBURARI DE SENSIBILITATE

SEMNICIFICATIE DE DIAGNOSTIC

- **Leziune talamică sau corticală** – tip conductiv, varianta talamică sau cortical, varianta mono- sau hemi-. *Cauze frecvente: AVC (trombotic, embolic sau hemoragic), tumori cerebrale, scleroza multiplă, traumatismul.*
- **Neuroza isterică** – tip functional.



NEUROLOGIA



"Knowledge is of two kinds. We know a subject ourselves, or we know where we can find information on it."
-- *Samuel Johnson*

