

Frontotemporalna demenca

Frontotemporal dementia

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Povzetek

Od prvega opisa Pickove demence do sedanjega poimenovanja se je frontotemporalna demenca (FTD) povzpela iz obrobne in redke oblike demence z nejasno patologijo, klinično sliko in diagnostiko v tretjo najpogostejšo obliko demence. Poznamo osnove njene patomorfologije, poteka, prekrivanja z drugimi oblikami demence in nevrodegenerativnih boleznih ter njene oblike in klinične slike, klinična diagnostika te bolezni pa je razmeroma zanesljiva že v času bolnikovega življenja. Namen članka je ponuditi pregled najbolj aktualne literature s področja FTD s poudarkom na kliničnih prezentacijah bolezni. FTD, ali nekoliko širše frontotemporalna lobarna degeneracija (FTLD), ima vedenjsko in jezikovno obliko, ki jo delimo na nefluentno afazijo (NFA) in semantično demenco (SD). Nekoliko podrobneje opisujemo tudi značilne klinične slike omenjenih oblik. Zdravljenje je zaradi neugodnega poteka in zaenkrat neuspešnega izida ter pomanjkljivih možnosti omenjeno zgolj na kratkotrajno zdravljenje. Bralec je prek seznama literature usmerjen v nadaljnje iskanje informacij.

Abstract

Frontotemporal dementia (FTD) climbed high from the first description of Pick's dementia to current nomenclature. At the beginning, FTD was seen as a rare form of dementia with unclear pathology and clinical presentations, and poor diagnostic possibilities. FTD is now the third most common form of dementia with known basic pathomorphology, course, and relations to other dementias, as well as some neurodegenerative diseases. Its clinical presentations are known and diagnostic possibilities relatively successful. The purpose of this article is to present the most current knowledge about FTD with emphasis on clinical data. FTD and - more widely - frontotemporal lobar degeneration (FTLD) shows three main clinical presentations: behavioral and verbal, the latter being subdivided into non-fluent aphasia (NFA) and semantic dementia (SD). Clinical presentations of these forms are described in greater detail. Due to unfavorable course and outcome, and inadequate treatment options, only short-term treatment is available. The reader is encouraged to seek more information using references at the end of the article.

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