

Bölüm 8

KALÇA ÇEVRESİ KAS VE TENDON YARALANMALARI

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GİRİŞ

Kalça çevresindeki kas iskelet sistemi yapılarının anatomik olarak kompleks yerleşimlerinden dolayı bu bölgedeki ağrıların ve yaralanmaların yönetimi oldukça zordur. Çoğu zaman iki ya da daha fazla yapının yaralanmaları birlikte görülebilir. Özellikle sporcularda kalça çevresi ağrıları sıkılıkla görülen rahatsızlıklardan olup genellikle tanı ve tedavisi zor olan bir sorundur. Bu bölgedeki ağrıının sebebi olabilen kas ve tendonların selim zorlanması, potansiyel olarak yıkıcı olan femur boyun stres kırığına kadar birçok patolojik durum benzer klinik sunumlarla ortaya çıkmaktadır (1, 2). Clohisy ve ark. genç erişkinlerde kalça ağrılarının etiyolojilerini sınıflamak ve tedavi seçeneklerini bu sınıflara göre kategorize etmek için bir algoritma geliştirmiştir (Tablo 1). Etiyolojik olarak yansıyan ağrı, eklem dışı kaynaklı kalça sorunları, yapısal bozukluklar, yapısal olmayan eklem içi sorunlar ve karmaşık eklem içi sorunlar gibi beş ana sınıf ortaya koymuşlar ve bu beş ana sınıf içinde de hastalıkları kategorize etmişlerdir (3,4).

Tablo 1: Genç erişkinde kalça ağrısına yaklaşım etyolojik sınıflama (Clohisy ve ark.)

Yansıyan ağrı (Kalça Kaynaklı değil)	Lomber kökenli patoloji
Eklem dışı kaynaklı kalça sorunları	Atlayan kalça (snapping hip) Priformis sendromu
Yapışal bozukluk olmayan eklem içi sorunlar	Labrum yırtığı Kondral flep Kondral defekt Eklem faresi Sinovit
Yapışal bozukluklar	Gelişimsel kalça displazisi Sıkışma sendromu Perthes Femur üst uç epifiz kayması Osteonekroz
Karmaşık eklem içi sorunlar	Sekonder osteoartrit Posttravmatik osteoartrit Kondroliz İnflamatuvvar artrit

Eklem dışı sorunlar; eklem dışı sıkışma sendromları (iskiofemoral, trokanterik-pelvis vb.), internal ya da eksternal atlayan kalça (snapping hip), trokanterik bursit, gluteus medius yırtığı, miyotendinöz yaralanmalar (hamstring, rektus femoris vb.), piriformis sendromu, sakroiliak patolojiler, sporcu fitiği (atletik pubalji) ve osteotis pubis olmak üzere geniş bir spektrumda karşımıza çababilir (3, 5).

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icin tendon gevsetme veya uzatma önerilmektedir. Taylor ve ark. yaptığı bir çalışmada tendon gevsetme yapılan 16 hastanın 12'sinde semptomların tamamen hafiflediğini ve diğer 4 hastanın da semptomlarının iyileştiğini bildirilmiştir (23, 69).

Anahtar Kelimeler: Addüktör Kas Yaralanmaları, Proksimal Hamstring Kas Yaralanmaları, Kalça Fleksör Kas Yaralanmaları

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