

BÖLÜM

18

VERTEBRANIN TRAVMA ve SPOR YARALANMALARI

Recep AYDIN¹

Vaka 1: Tip II Odontoid Fraktür

Vaka 2: Burst Fraktürü

Vaka 3: Hangman Fraktürü

Vaka 4: Chance Kırığı

Vaka 5: Ekstansiyon Teardrop Fraktürü

Vaka 6: Jefferson Kırığı

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Tedavi ve yaklaşım

Tedavi seçeneği kırığın stabil ve instabil olması ve arter yaralanmasına göre belirlenmektedir. Tedavi seçeneği konservatif veya cerrahidir. Gehweiler sınıflamasına göre Tip 1, 2 ve 5 olanlarda 6 haftalık servikal immobilizasyon ve servikal boyunluk önerilir. Tip 5 fraktürde arterial yaralanma tespiti açısından MR veya BT anjiyografi ile inceleme yapılır (18). Tip 3 ve 4 kırıklarda TAL yaralanması, dislokasyon, fragmente parça ve eşlik eden diğer servikal kırıklara bağlı olarak stabil veya instabil olduğuna kara verilerek cerrahi veya konservatif tedavi seçilir.

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