Bölüm
26

# DİZDE SİNOVYAL PROBLEMLER

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## GİRİŞ

Sinovyum lokomotor sistemde eklem, bursa ve tendon kılıflarını döşeyen özelleşmiş bir mezenkimal dokudur. Sinovyal eklemler iki tabaka ile çevrilidir; yüzeyde kalın bir fibröz kapsül ve içeride daha ince olan sinovyal membran. Normal sinovyum iki tabakadan oluşur; sinovyal intima ve subsinovyal doku. Subsinovyum vasküler ve kapiller bir ağ içerir. Bu kapiller ağ sayesinde plazmadan süzülen sıvı ekleme ulaşır.

Diz eklemindeki sinovyal membran insan vücudundaki en geniş ve kompleks olanıdır. Diz ekleminde sinovyal membran femur, tibia ve patellanın artiküler yüzeylerini, eklem ile ilişkili resesleri, menisküs ve intraartiküler bağları döşeyerek, eklem ile ilişkili çok sayıda bursaya uzanır. Enflamatuar, enfeksiyöz, dejeneratif, travmatik ya da neoplastik kökenli olabilen sinovyal patolojiler sıklıkla diz eklemini etkiler.

Sinovit eklemi döşeyen sinovyum tabakasının irritasyon ve enflamasyonudur. Sinovyal membran hasarlanmaya sıvı üreterek yanıt verir. Böylece sinovitin tipik klinik bulguları olan şişlik, ağrı ve kızarıklık ortaya çıkar. Bu durum enfeksiyon, kanama, romatolojik hastalıklara bağlı olabileceği gibi pigmente villonodüler sinovit (PVNS) hemofili ve sinovyal hemanjiomalarda olduğu gibi hemosiderotik özellikte, sinovyal kondromatozis veya lipoma arboresans gibi patolojilerde, kristal artropatilerde ya da yabancı cisimlere reaktif olarak görülebilir.

## PİGMENTE VİLLONODÜLER SİNOVİT

Pigmente villonodüler sinovit (PVNS) nadir görülen, tendon kılıflarını, sinovyal eklemleri ve bursa dokularını etkileyen benign karakterli proliferatif bir hastalık-

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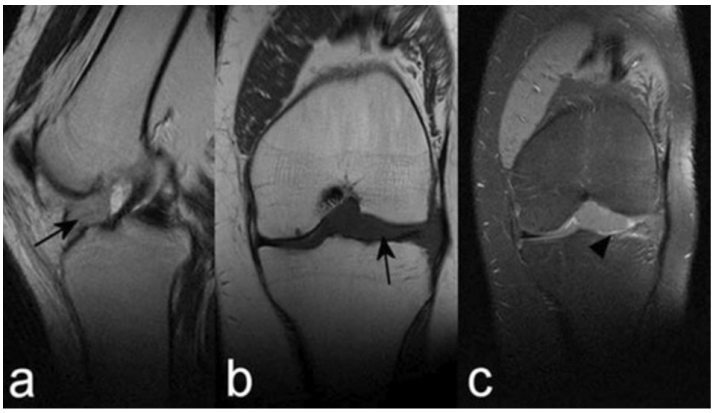
analizlerde %95 üstünde vakada kromozomal translokasyonu (t(X;18)(p11;q11)) sonucu SYT-SSX gen füzyonu saptanmıştır (46).




**Şekil 5.** Lateral menisküs yerleşimli sinovyal sarkom

Metastazı lenf nodlarına ve akciğere yapar. Tanı konulduğunda ortopedik onkolojiste yönlendirilmelidir. Cerrahisinde ekstraartiküler geniş rezeksiyon sonrası endoprotez veya ampütasyon uygulanabilir. Cerrahi sınır pozitif vakalarda nüks oranı yüksektir. Kemoterapi metastatik vakalarda faydalıdır (47).

## SONUÇ

Hastaların diz eklemi şikayetlerinde öncelikle akla mekanik problemler ve travmatik süreçler gelmektedir. Sinovyal problemler diğer sebepler ekarte edildikten sonra tanıda ikincil olarak düşünülmektedir. Diz ekleminde sinovyal problemlerin semptomlar ve bulguları özgül olmadığından tanıda genellikle MR görüntülemeden faydalanılır. Sinovyal problemlerin tedavisinde artroskopik ya da açık cerrahi girişimler dışında girişimsel radyolojinin ablatif tedavileri de yer almaktadır.

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