

Bölüm 35

PATELLAR YÜZEY ARTROPLASTİSİ VE TRİKOMPARTMANTAL ARTROPLASTİ

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GİRİŞ

Patellofemoral artrit diz önü ağrı nedenlerinden biridir. Ortopedi polikliniğine başvuran hastalar değerlendirildiğinde diz önü ağrısı sık olarak karşılaştığımız şikayetlerdendir. Curl ve arkadaşlarının yaptığı, 31,516 hastanın artroskopik olarak incelendiği çalışmada evre 3 patellar artroz oranı %20 olarak saptanmıştır (1). Diz artroplastisi sonrası, patellofemoral eklem sorunları ile karşılaşılabilir. Bu nedenle ortopedistler, patellofemoral sorunları değerlendirebilmek ve tedavi edebilmek için patellofemoral anatomi, biyomekanik ve kinematik hakkında temel bilgilere sahip olmalıdır (2).

Patellar eklem yüzeyinin değiştirilmesinin gerekliliği hakkında fikir birliği henüz sağlanmamıştır. Patellar yüzey replasmanının lehine kanıtlar vardır, ancak birçok ortopedist total diz replasmanı uygularken, patellar komponentin değiştirilmesi konusunda net karar verememektedir (3). Diz önü ağrısı, hasta memnuniyetsizliğinin yaygın bir nedeni olarak Total Diz Artroplastisi (TDA) sonrası olguların %5-47'sinde görülmektedir (4,5). Patellar yüzey değişiminin diz önü ağrısını azalttığına dair çalışmalar olsa da (5) azaltmadığını söyleyen çalışmalar da vardır (6). Bu da diz önü ağrısının sadece patellaya bağlı olmayabileceğini düşündürmektedir.

Total diz artroplastilerinin ilk tasarımları patellayı koruyucu şekilde tasarlanmıştır. Bu tasarımlarda yüksek oranda görülen diz önü ağrısının, dislokasyon, subluksasyon ve patellar kayma (maltracking) gibi patellofemoral eklem ait sorunlar nedeni ile oluştuğu düşünülmüştür (7). Bundan dolayı trikompartmantal diz protezlerinin geliştirilmesi gerekliliği doğmuştur (8). İlk patellar implantlar kobalt, krom ve molibden (Co-Cr-Mo) yapılmış olup, ve izole patellofemoral art-

Sonuç olarak, birçok çalışmaya rağmen, patellar yüzey yenilemesi ile ilgili keşif bir sonuç bulunmamaktadır. Bu konu ile ilgili daha geniş hasta sayılı prospektif çalışmalara ihtiyaç vardır.

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