

Bölüm 40

BAĞ KESEN TOTAL DİZ ARTROPLASTİSİ

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GİRİŞ

Total diz artroplastisinde arka çapraz bağın korunması veya kesilmesi eskiden beri tartışılan bir konudur. Arka çapraz bağın korunması kararı çoğunlukla cerrah tarafından verilse de hem arka çapraz bağ koruyan, hem de kesilen total diz artroplastisinde iyi sonuçlar bildirilmiştir (1,2). Arka çapraz bağın operasyon sırasındaki görünümü, gerginliği, kemik kalitesi, kollateral bağların bütünlüğü, bağın korunması veya kesilmesi açısından cerrahlara yol göstermiştir.

Total diz artroplastisinde bağ kesen veya bağ koruyan diz protezi kullanımı tartışmaları oldukça eskilere dayanmaktadır. Ritter ve arkadaşları bağ kesen veya koruyan diz protezi tercihinde cerrah ve hastaya bağımlı birçok faktörün etkili olduğunu belirtmişlerdir (3). Total diz artroplastisinde geçmiş yıllardaki arka çapraz bağın korunması yönündeki eğilim yerini femoral cam - tibial post mekanizması olan ve tam uyumlu polietilen insert içeren bağ kesen diz protezlerine bırakmıştır (4). 15 dereceden fazla varus veya valgus dizilimine sahip olan hastalar veya ciddi fleksiyon kontraktürüne sahip hastalarda yumuşak doku dengesinin sağlanması için arka çapraz bağın kesilmesi önerilmektedir (5,6). İnflamatuar artropati zeminindeki artritlerde yapılan diz artroplastilerinde arka çapraz bağın korunması, bağın geç dönemde yetmezlik riskinin yüksek olmasından dolayı artroplastide başarısızlık riskini artırır (5,7) Aynı zamanda öncesinde patellektomi veya yüksek tibial osteotomi uygulanmış hastalarda arka çapraz bağ koruyan diz protezi kullanımının başarısızlık riskini arttırdığı gösterilmiştir (8,9). Bae ve arkadaşları

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