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Vaka Örneği:

45 yaşında kadın hasta, düşme sonrası sağ dirseğinde ağrı şikayeti ile acil servise başvuruyor. Fizik muayenede dirsekte hafif şişlik ve ağrı mevcut. nörovasküler arazi yok. Direk grafileri aşağıdadır. Tanı ve tedavi planı nasıl olmalıdır?



1. Dirsek Yaralanmaları Genel Bilgiler:

Radius başı ve boynu kırıkları, erişkinlerde en sık dirsek yaralanmalarıdır ve tüm dirsek kırıklarının %33-50'sini oluştururlar (26).

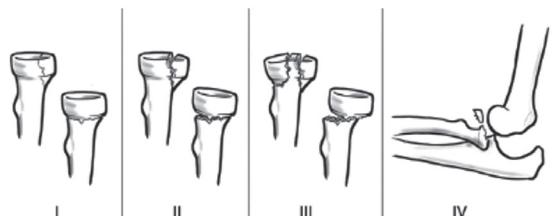
Olekranon kırıkları tüm üst ekstremité yaralanmalarının %10'unu içerir. İnstabil kırıklarda tedavi cerrahidir ve iyileşme sonrası bile hareket kısıtlılığı azımsanmayacak ölçüdedir (27).

Dirsek Yaralanmaları Sınıflama Sistemleri :

Radius başı kırıkları için birçok sınıflama sistemleri önerilmiştir, ancak Johnston modifikasyonlu Mason sistemi, radyoloji ve ortopedik literatürde en sık başvurulanlardan biridir (Şekil 13) (28,29).

Tablo 8. Radius Başı Kırıkları Modifiye Mason Sınıflaması (Johnston)

Tip 1	Minimal (<2mm) deplasman	Konservatif
Tip 2	2 mm'den fazla deplasman, artiküler yüzeyin en fazla %30'u etkilenmiş	Konservatif/ cerrahi
Tip 3	Radius başı parçalı kırığı	Cerrahi
Tip 4	Radius başı kırıklı çıkıştı	Cerrahi



Şekil 13. Radius Başı Kırıkları Modifiye Mason Sınıflaması (Jonston)

Kırmızı Bayraklar :

- ☒ El işlevi ve özellikle parmakların kullanımı çoğu günlük görev için ve neredeyse her meslek için hayatı öneme sahiptir, metakarpal ve falangeal kırık olan hastaların normal işlevlerini yerine getirmek için uygun tedaviyi almaları önemlidir
- ☒ Açık yara varlığında, mutlaka tendon kesisi ve nörovasküler değerlendirme açısından ayrıntılı değerlendirme yapılmalıdır

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