BÖLÜM 35

SIK GÖRÜLEN KEMİK DİSPLAZİLERİ

Yaşar TÜRK[1]

Vaka 1: Akondroplazi

Vaka 2: Tanatoforik displazi

Vaka 3: Osteogenezis İmperfekta

Vaka 4: Osteopetrozis

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Osteopetrotik kemik kalitesi kemik iliği kavitesinin bozulması ve iatrojenik kırık riskini artırır. Bu potansiyel tuzakların önlenmesi, aralıklı periyotlarla soğuk normal salin irrigasyonu, düşük hızda delme, sık matkap ucu değişiklikleri ve çekiç kullanımından kaçınmayı gerektirir (24-26). Enfeksiyon ve yeniden yaralanma riskinin daha yüksek olması nedeniyle 1 hafta ve 1, 3, 6, 9 ve 12. ayda yakın takip önerilmiştir (24).

Tedavi ve yaklaşım

İnfantil osteopetroz olumsuz sonuç nedeniyle tedavi gerektirir (27). D vitamini (kalsitriol) uyuyan osteoklastları uyararak kemik rezorpsiyonuna yardımcı olur (28). Gama interferon ile tedavi uzun vadeli faydalar sağlamıştır. Kalsitriol ile kombinasyon tedavisi tek başına kalsitriolden daha üstündür. Eritropoietin anemiyi düzeltmek için kullanılabilir. Kortikosteroidler ayrıca anemiyi tedavi etmek ve kemik emilimini uyarmak için kullanılmıştır. Bazen kırıklar nedeniyle cerrahi tedavi gerekebilir.

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