

Bölüm 10

GÖĞÜS ÖN DUVARI AĞRILARINA YAKLAŞIM

Deniz BULUT¹

GİRİŞ

Göğüs ağrısı, çeşitli ve potansiyel olarak ciddi nedenleri olabilen genel pratikte yaygın rastlanan bir klinik şikayettir; sık ve dikkatli değerlendirme gerektirir. Yaşamı tehdit eden potansiyel tehlikeleri ortadan kaldırmak kritik öneme sahip olsa da, birinci basamakta kas-iskelet sisteminden kaynaklanan nedenler göğüs ağrısının en sık görülen nedenleridir(1).

Göğüs duvarı omurga dahil çeşitli kemik ve yumuşak dokular içerir. Bu nedenle bir hastada göğüs ağrısının tam kaynağını belirlemek zor olabilir (1). Sonuç olarak, anterior göğüs duvarı ağrısına neden olan hastalıkların “göğüs duvarı sendromu” adı altında gruplanması gerektiği öne sürülmüştür (2).

Bazen akut travma, kosta kırığı veya pektoral ve interkostal kaslardaki kontüzyon, strain gibi durumlarda göğüs ağrısı nedeni açıktır. Diğer yandan, genel klinik karakteristikleri belirlenmiş olsa da, kas-iskelet sistemi kaynaklı göğüs ağrısının nedenini izole etmek zor olabilir, kesin ve tutarlı bir tanım yoktur ve tanıyı doğrulamak için genellikle altın standart bir tanı testi yoktur (1).

PREVALANS

Yapılan çeşitli çalışmalarda prevalansının % 20,6 ile %1-46,6 arasında değiştiği bildirilmektedir (3, 4). Bunun aksine, göğüs ağrısı nedeniyle acil servise başvuranların sadece % 6,2'sinde kas-iskelet sistemi kaynaklı nedenler saptanmıştır. Bunun sebebi kardiyovasküler hastalıklar gibi ciddi nedenlerin daha yaygın görülmesi olabilir (3).

¹ Fiziksel Tıp ve Rehabilitasyon Uzmanı, Kütahya Sağlık Bilimleri Üniversitesi Evliya Çelebi Eğitim Ve Araştırma Hastanesi, denizhava1988@gmail.com

dini sınırlayan, benign bir durumdur ve tedavi, bu nedenle hastaya güven verme ve hastalığını açıklama ile başlar. Gerekirse, parasetamol veya nonsteroid antiinflamatuar ajanlar (oral veya topikal) gibi basit analjezikler denenebilir. Hastalara semptomları tetikleyen aktivitelerden kaçınmaları önerilebilir ve sıcak paketler ve germe egzersizleri yararlı olabilir. Nadiren, yalnızca bir veya iki kostokondral eklem tutulumu varsa, lokal anestezi / kortikosteroid enjeksiyonu faydalı olabilir. Nadiren kas iskelet sistemi kaynaklı göğüs duvarı ağrısı kronik ağrıya neden olabilir. Yaklaşım diğer kronik ağrı türlerinin tedavisine benzerdir ve antikonvülsanlar, antidepressanlar, davranışçıterapi ve fizik tedavi uygulamalarını içerir. Mümkün olduğunca opioidlerden kaçınılmalıdır. Şiddetli, kronik ağrı durumunda, gözden geçirilmiş bir tanıyı (örneğin altta yatan kanser, enfeksiyon veya kırık) göz önünde bulundurmak ve bunu uygun klinik değerlendirme ve görüntüleme yöntemleri ile dışlamak önemlidir (1).

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