

TORAKOLOMBER OMURGA KIRIKLARININ YÖNETİMİ



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1. GENEL BİLGİLER

Spinal kırıklar genellikle yüksek enerjili travmalar sonucunda meydana gelmektedir. Travmaların en sık nedeni olarak trafik kazaları görülürken, ikinci sırada yüksekten düşmeler yer almaktadır. Torakolomber bileşke (T11-L2), rijit torasik omurgadan esnek omurgaya geçiş bölgesi olduğundan dolayı biyomekanik olarak yaralanmaya daha meyillidir. Aksiyel yüklenme ile meydana gelen patlama kırıkları (%40) en sık görülen kırık tipini oluşturmaktadır (1).

2. TARİHÇE

Omurga kırıklarının tedavisinde sınıflamalar büyük öneme sahiptir. Cerrahlar arasında ortak bir dilin kullanılmasını sağlarken, tedavide belirli bir algoritmaya göre hareket ederek hastaların tedavisinin en doğru şekilde planlanmasına katkı sağlamaktadır. Torakal ve lomber kırıklar için yapılan sınıflamalar çok uzun bir geçmişe dayanmaktadır. İlk sınıflama 1930 yılında Boehler tarafından anatomik ve mekanik temellere dayanılarak yapılmıştır. Tablo 1’de yıllara göre yapılan çalışmalar özetlenmiştir (2). Tarih içinde birçok sınıflama tanımlanmış ancak en çok ilgi gören Denis/McAfee, TLICS ve AO Spine sınıflamaları olmuştur (3). Her ne kadar yapılan bu sınıflamalar zaman içerisinde gelişim gösterse de hala küresel çapta kabul gören bir sınıflama yapılamamıştır.

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