



DİZ AĞRILARINDA LABORATUVAR BULGULARI

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GİRİŞ

Diz eklemi, yük taşıyan, yürürken stabiliteden ve dengeden sorumlu olan bir yapıdır. Diz eklemine travmalara açık olması ve dejeneratif hasarın sık görülmesi nedeniyle günlük pratikte diz ağrısı şikayeti ile sıklıkla karşılaşmaktadır. Diz ağrısı nedenleri; artiküler, periartiküler, osseöz nedenler ve yansıyan ağrılar olarak sınıflandırılabilir. Diz ağrısı altı haftadan kısa ise akut ya da subakut ağrı, altı haftadan uzun ise kronik ağrı olarak sınıflandırılır. Akut diz ağrısı nedenleri, sıklıkla travmaya maruz kalma sonucunda görülmekteyken; kronik nedenler dejeneratif eklem hasarına bağlı ve/veya romatolojik hastalıklara bağlı olarak görülebilmektedir. Diz ağrısı ile gelen hastada tanıda anamnez ve fizik muayene önemli bir yer tutmaktadır (1, 2). Ancak diz ağrısı nedenlerinin ayırıcı tanısı için laboratuvar ve görüntüleme yöntemlerinden yararlanmak gerekebilir. Ayırıcı tanıda, tanısal testlerin pozitif veya negatif olması, travmaya bağlı olup olmadığı, akut ya da kronik olması, romatizmal hastalığın kendisinde ya da ailesinde olması istenilecek görüntüleme yönteminin ve laboratuvar tetkiklerinin seçiminde bizlere fikir verir. Görüntüleme yöntemi olarak, konvansiyonel radyografi, Manyetik Rezonans Görüntüleme (MRG), Bilgisayarlı Tomografi (BT) ve son zamanlarda kas iskelet sistemi hastalıklarının tanı ve tedavisinde sıklıkla

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kısa kolundaki MEFV geninde mutasyonlar vardır. En sık görülen mutasyonlar M694V, V726A, M694I, M680I ve E148Q şeklindedir(59, 60). Diz tutulumu ile gelen bir hastada FMF'ten şüphelenildiğinde, akut faz reaktanları ile genetik mutasyonlar için gen analizine bakmak tanıda bizlere yardımcı olur. Ancak %10-20 hastada gen analizi normal olabileceğinden, klinik muayene, laboratuvar ile desteklenerek tanı ve ayırıcı tanı hakkında sonuca varılmalıdır (61).

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