



DİZ OSTEOARTRİTİ

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GİRİŞ

Osteoartrit (OA), eklemin tüm dokularını etkileyen, kıkırdak yıkımı, kemik yeniden şekillenmesi, osteofitler ve sinovit içeren düşük dereceli bir enflamasyon hastalığıdır (1, 2). OA, sıklıkla yük taşıyan eklemleri etkiler bununla birlikte kalça, el, ayak eklemleri ve omurgadaki eklemleri tutabilir.

OA, başta diz eklemi olmak üzere potansiyel olarak tüm sinovyal eklemleri etkiler. Dünyada en yaygın artrit formu olan OA, eklem kıkırdağında tutulum yaparak kıkırdak erozyonu, osteofitler ve subkondral skleroza (eburnasyon), eklem faresi (loose body), deformiteye neden olmaktadır (1-3). Normal ve osteoartritli diz şematik görünümü Şekil 1'de gösterilmiştir.

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Non-farmakolojik tedaviler: Kilo verme, aktivite modifikasyonu, egzersiz (Tai Chi, yoga, akuatik ve kara tabanlı egzersizler), kendi kendine yönetim, bilişsel davranışsal tedavi, tibiofemoral ve patellofemoral diz breysi, baston kullanımı, ısı, terapotik soğuk gibi fizik tedavi modaliteleri, akupunktur, kinezyoteyp, denge eğitimi, radyofrekans ablyasyon gibi fiziksel, psikososyal ve zihin-beden yaklaşımlarını içerir (32, 60).

Farmakolojik tedaviler: Topikal nonsteroid anti inflamatuvarlar (NSAİİ), topikal kapsaisin, oral NSAİİ, intraartiküler steroidler, asetaminofen, tramadol, duloksetini içerir. Bununla birlikte intraartiküler uygulamalardan; platelet rich plazma (PRP), stromal vasküler fraksiyon (SVF), hyalüronik asit tedavilerinin diz osteoartritinde kullanımı ile ilgili mevcut kılavuzlarda farklı tavsiyeler yer almaktadır (60, 62)

Non-farmakolojik ve farmakolojik tedaviye yanıtız, günlük yaşam aktiviteleri etkilenen, ileri evre diz osteoartritinde cerrahi tedavi uygulanmaktadır. DOA'da cerrahi tedavi yaklaşımları arasında artroskopik debridman, osteotomi ve artroplasti yer almaktadır. Bununla birlikte DOA'da son dönemlerde yapılan meta-analizlere göre dejeneratif diz artritisi veya dejeneratif menisküs yırtıklarının tedavisinde konservatif tedaviye üstün olmaması nedeniyle artroskopik debridman birincil tedavi olarak önerilmemektedir (63).

DOA tedavisi, radyolojik görüntülemesi ve sinoviyal sıvı analizi diğer bölümlerde ayrıntılı olarak tartışılacaktır (Bakınız: "Diz osteoartritisi tedavisi", "Romatizmal diz hastalıklarında radyolojik görüntüleme" ve "Diz hastalıklarında sinoviyal sıvı analizi" bölümü).

Teşekkür: Sayın Doç. Dr. Elif Aktaş'a radyolojik görsel paylaşımı ile bölüme katkılarından dolayı teşekkür ederim.

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