



MENİSKÜS LEZYONLARI

Havva TALAY ÇALIŞ¹

GİRİŞ

Menisküs yaralanmaları en sık görülen spor yaralanmalarıdır (1).

Akut diz yaralanmalarının çoğunluğu (%93.5) bağ, tendon ve menisküs yırtıkları dahil olmak üzere yumuşak doku hasarı içerir (2).

Yılda 100000 diz yaralanması başına, akut menisküs yaralanması sayısı; 60-70 arasında değişmektedir. 40 yaş üstünde ve erkeklerde oran daha fazladır (3).

Medial menisküs bu vakaların% 75'inde yer alır. Medial menisküs yırtığı daha çok kronik ön çapraz bağ yırtığı, lateral menisküs yırtığı ise akut ön çapraz bağ yırtığı ile birlikte görülebilir(4).

Menisküs yırtıkları dizde ağrı, hareket kısıtlılığı, efüzyon ve ileri dönemlerde erken osteoartrite neden olduğu için mutlaka tedavi gerektirir (5).

Anatomi

Diz ekleminde medial ve lateral olmak üzere iki menisküs vardır, bunlar femoral kondiller ve tibial platolar arasında yer alırlar. Aksiyel kesitte C şeklinde, enine kesitte üçgen şeklinde olan fibrokartilajinöz yastıklardır (Şekil 1) (6). Dize binen yük kuvvetlerinin dağıtılmasına, hareket sırasında diz ekleminin yağlanmasına ve rotasyon sırasında dizin stabilize edilmesine yardımcı olurlar.

¹ Prof. Dr. Sağlık Bilimleri Üniversitesi, Kayseri Tıp Fakültesi Fiziksel Tıp ve Rehabilitasyon AD, htalaycalis@yahoo.com

Konservatif tedaviye rağmen düzelmeyen kalıcı eklem efüzyonları veya tekrarlayan kilitleme gibi mekanik işlev bozukluğuna neden olan bir menisküs yırtığı, bir ortopedi cerrahına sevk edilebilir. Ancak genel olarak mevcut araştırmalar; dejeneratif menisküs yırtıklarının cerrahi tedavisinin hem kısa hem de uzun vadede etkisiz olduğunu göstermektedir (29, 37).

Prognoz

Cerrahi tedavide 35 yaşından küçük hastada, akut travmatik radial yırtık, kırmızı kırmızı zonda lokalize ve kıkırdak hasarı yok ise iyidir. Hatta menisküs onarımı yapılan bu hastalarda bile osteoartrit gelişim riski menisküs yaralanmasının tipine ve kapsamına, yapılan cerrahi prosedüre göre değişik oranlarda mevcuttur (38, 39). Dejeneratif yırtıklar ise cerrahi daha kötü bir prognozla ilişkilidir (37). Mutlaka konservatif tedavi denenmelidir. Özellikle lateral menisektomi genç sporcularda hızlı kondroliz gibi çok ciddi bir komplikasyon riski taşır. Bu da efüzyon ve kalıcı ağrı ile karakterizedir (40).

Postoperatif menisküs rehabilitasyon protokolleri sonraki bölümde anlatılacaktır.

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