

BÖLÜM 7

DİSTAL HUMERUS KIRIKLARI

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GİRİŞ

Distal humerus interkondiler kırıkları, dirseğin yumuşak doku yaralanmasını içeren eklem içi parçalı kırıklardır. Distal humerus kırığı tedavisinde farklı cerrahi yaklaşımları ve dirsek fonksiyonel sonuçlarını değerlendiriyoruz. Yetişkinlerde distal humerus kırıkları (DHK), tüm kırıkların %2'sini ve tüm humerus kırıklarının yaklaşık %30'unu oluşturmaktadır, yıllık insidansı 5.7/100000'dir¹⁻⁴. Kırık paternleri iki modlu olarak dağılır, genç erkekler (yüksek enerjili travma) ve yaşlı kadın hastalar (osteoporotik kırıklar) arasında farklılık gösterir¹⁻⁴. Distal humerus kırıkları nispeten nadir bir kırık olmakla birlikte, yapılan bir çalışmada 1970 ve 1998 yılları arasında distal humerus kırıklarında 5 kat artış bildirildi ve bu kırıkların insidansı artmaktadır⁵. Bu nedenle, giderek daha yaşlı bir nüfus ve gelişmekte olan dünyanın devam eden motorizasyonu nedeniyle, distal humerus kırıklarının insidansının kalça ve distal radius kırıklarına benzer şekilde artacağı tahmin edilmektedir⁵⁻⁷. Distal humerus kırıklarının tedavisi bu bölgenin karmaşık anatomisi, düşük kemik kalitesi ve parçalı kırıkları restore etmedeki güçlük nedeniyle zordur. Tarihsel olarak, bu yaralanmalar konservatif olarak tedavi edilmiştir fakat çoğu çalışma bu yönetimin önemli fonksiyonel bozulma ile ilişkili olduğunu bildirmiştir⁴. İmplant tasarımıdaki ve cerrahi teknikteki evrim, cerrahi olarak tedavi edilen hastalarda daha iyi sonuçlara yol açtı ve cerrahi tedavinin mevcut bakım standardı haline gelmesiyle sonuçlandı. Cerrahi tedavi ile iyi veya mükemmel sonuç gösteren uzun süreli hasta takibinde %86'sı tatmin edici sonuç verdiği gösterilmiştir^{8,9}. Distal humerus kırıklarının temel tedavi prensibi diğer eklem içi kırıklarınkine benzerdir. Dirsek eklemine erken mobilizasyona izin vermek için eklem stabil anatomik rekonstrüksiyonudur. Kemik kalitesi iyi olan hastalarda plak osteosenteziyle (açık redüksiyon internal fiksasyon, ARIF) cerrahi tedavi, standart tedavi olarak kabul edilir. Yaşlılarda, osteoporotik kemik, çok parçalı kırık ve çok distal fragmanlar, yeterli fiksasyon için zorluklar oluşturur. Tedavi seçenekleri, mümkün olduğunda osteosentez veya prospektif karşılaştırmalı çalışmalarda umut vaat eden total dirsek artroplastisini içerir¹⁰.

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SONUÇ

Distal humerus interkondiler kırıklı hastaların çoğunda geniş bir cerrahi prosedür seçeneklerinin etkili olduğu görülmüştür. Cerrahi yaklaşım cerrahın tecrübesine ve kırık tipine göre değişebilir. En iyi sonuç için kırığın tam redüksiyonu ve stabilizasyonu sonrası erken eklem egzersizlerine başlanmalıdır.

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