

BÖLÜM 10

PELVİS KIRIKLARINDA GÜNCEL TANI-TEDAVİ YAKLAŞIMI

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GİRİŞ

Genç hastalardaki deplase pelvik halka kırıkları yüksek enerjili yaralanmalar sonrasında meydana gelir. Vakaların %60'lık kısmı motorlu araç kazaları sonrasında, %30'luk kısmı yüksekten düşmeler sonrası, %10'luk kısmı ise ezilme yaralanmaları sonrasında meydana gelmektedir (1). Deplase pelvik halka kırıkları yüksek enerjili yaralanmalar sonrası meydana geldiği için sıklıkla yaşamı tehdit eden diğer yaralanmalar eşlik etmektedir. Son yıllardaki tıptaki gelişmeler ile birlikte pelvik yaralanma sonrası ölüm oranları düşmüş olsada, yüksek hızlı motorlu araç kazalarının görülme sıklığının artması ve bu kazalardan sonra sağkalım oranlarının artması nedeniyle pelvis kırığı insidansı artmaktadır (2). Pelvik kırıklar sonrası hem kemik parçalardaki venöz ve arterial damarlardan direk kanama ve hem de kırık fragmanların arterial ve venöz yapıları kesmesi nedeni ile meydana gelen kanamalar sonucunda ölüm riski artmaktadır (3). Deplase pelvis kırıklarından sonra mortalite çoğunlukla pelvis hacmini arttıran antero-posterior (AP) ve vertikal shear yaralanmalarından sonraki kanamalara bağlı artmış olsada, lateral kompresyon kırıkları sonrası ilişkili yaralanmalar nedeniyle oluşabilmektedir (4-7). Eksternal fiksator veya pelvik kemer/çarşaf pelvisi stabilize ederek venöz kanamayı tamponlayabilir ancak hemodinamiği etkileyen arterial kanalarda genellikle etkisizdirler. Hemodinamik olarak önemli arteriyel kanaması olan hastalarda ya embolizasyon ya da intrapelvik tampon gerekir (8). Ürogenital, lumbosakral pleksus ve eşlik eden uzun kemik kırıkları pelvis kırıklarıyla beraber bulanabilir (5,9). Hastaların pelvis kırıklarına sistematik bir yaklaşım ile hızlı ve doğru bir şekilde tanı konması ve hızlı müdehalede bulunulması kritik öneme sahiptir (10,11)

ANATOMİ

Pelvik yapı omurgadan gelen yükleri alt ekstremitelere aktaran yapıdır (12). Pelvis, ürogenital ve dişi üreme organlarını, iç iliak damarları ve bunların dallarını ve ayrıca lumbosakral pleksus dahil olmak üzere çok çeşitli sinirleri içerir (13).

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Young ve Burgess sınıflandırma sisteminin anlaşılması, pelvik halka yaralanmalarını daha iyi değerlendirmeyi sağlayarak, görüntülemesi zor olan yaralanmaları farkedilmesine yardımcı olur ve bu yaralanmalarla ilişkili olabilecek kas-iskelet sistemi ve iç organ hasarlanmalarını saptamak için daha farklı görüntüleme yöntemlerine yönlendirebilir.

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