

10.

BÖLÜM

OMUZ İNSTABİLİTESİNDE REVİZYON CERRAHİ TEKNİKLERİ

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GİRİŞ

İnstabilite kavramı hiperlaksite, subluksasyon ve dislokasyonu içeren geniş bir spektrumdan oluşmaktadır. Omuz eklemi vücudumuzdaki diğer eklemlerden daha az kısıtlı eklem olması sebebiyle instabiliteye eğilimi yüksektir (1). Omuzun ilk çıkıklarının tedavisi halen netlik kazanmamışken, tekrarlayan çıkıklarda (instabilite) cerrahi tedavinin yeri kabul gören bir yaklaşımdır. Travmatik veya atravmatik şeklinde görülen omuz instabilite, en sık anterior nadiren de posterior ve inferior omuz instabilite, en sık anterior nadiren de posterior ve inferior omuz instabilite şeklinde görülebilmektedir. Omuz instabilite operasyonlarında başlıca görülen komplikasyon instabilitenin tekrarlanmasıdır. Bu komplikasyon, instabilite cerrahisi sonrası %3-25 oranında görülmektedir (2).

ETİYOLOJİ VE RİSK FAKTÖRLERİ

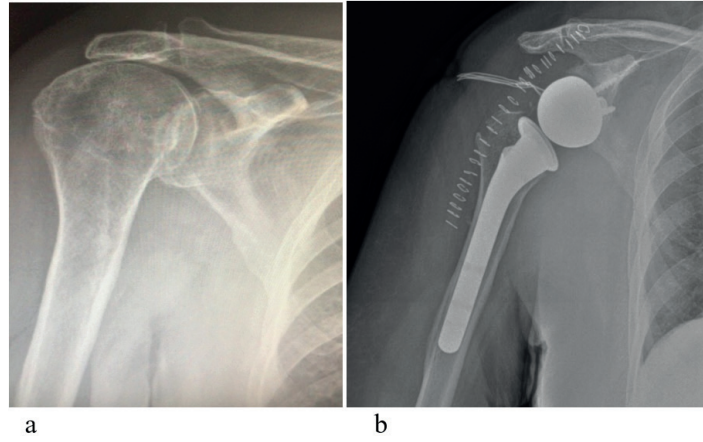
Omuz instabilite cerrahisi sonrası rekürrensin en önemli sebebi tekrarlayan omuz travma öyküsü olup, diğer risk faktörleri ise yırtığın şekli ve genişliği, genç ve erkek hasta olması, dislokasyon sayısının fazlalığı, önceden geçirilmiş omuz cerrahi girişimleri, glenoid kemik ve kondral defektlerin varlığı, Hill-Sachs lezyonu, hiperlaksite, geçmişteki immobilizasyon süresi, önceki omuz instabilite cerrahisinde kullanılan ankor sayı yetersizliği, ankorların cerrahi uygulama ve yerleşim yeri hataları sayılabilir (1, 3-6).

Bu risk faktörlerinden yola çıkarak Balg ve ark., omuz instabilitesi ameliyatı öncesi açık veya artroskopik cerrahi kararı vermede ISIS (Injury Severity Index Score) skorlama sistemini geliştirmişlerdir (Şekil 1). Bu skorlama sisteminde, omuz instabilite operasyonu öncesi 6 puan ve üzeri alan kişilerde tekrarlayan instabilitenin %70 olduğu görülmüştür (7).

Tablo 1: ISIS (Injury Severity Index Score) risk faktörleri

Prognostik Faktörler	Puan
Cerrahi Sırasındaki Yaş	
<20	2
>20	0
Spor Derecesi	
Profesyonel	2
Amatör	0
Spor Tipi	
Kontakt veya baş üstü	1
Diğer	0
Omuz Ekleminde Hiperlaksite	
Var	1
Normal	0
Hill-Sachs (AP grafide)	
Eksternal rotasyonda varsa	2
Eksternal rotasyonda yoksa	0
Glenoid defekti (AP grafide)	
Kontur kaybı var	2
Lezyon yok	0
Toplam Puan	10

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Şekil 6: Tekrarlayan omuz instabilitesi olan hastanın, ters total omuz artroplastisi operasyonu öncesi (a) ve sonrası (b) radyolojik görüntüleri

SONUÇ

Revizyon omuz instabilite cerrahisi öncesi iyi bir anamnez, fizik muayene ve radyolojik görüntülemeler (radyografi, bilgisayarlı tomografi, manyetik rezonans görüntüleme) ile tekrarlayan instabilitenin nedeni detaylı bir şekilde araştırılmalıdır. Genç ve aktif hastalarda revizyon Bankart onarımı, kemik blok destek operasyonları (Laterjet/Bristow ve Eden-Heybinette tekniği) ve Remplissage yöntemi sıklıkla kullanılırken, ileri yaş ve epilepsi olan kronik omuz instabilitesi hastalarında ise ters total omuz artroplasti ve artrodez iyi bir tedavi seçeneği olarak düşünülmelidir.

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