

# 13.

## BÖLÜM

# PROKSİMAL BİSEPS TENDON PATOLOJİLERİ

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### GİRİŞ

Biseps kası (musculus biceps brachii) kolun anterior kompartmanında yer alan kalın fusiform bir kastır. Dirsek ekleminin major fleksör ve supinatörü, omuzun ise kısmi fleksörüdür. Proksimalde çift başlı olup; uzun başı glenoid'in üst kısmındaki ufak kabartıya (supraglenoid tuberkül) ve superior labruma, kısa başı ise korakoid çıkıntıya yapışır (1) (Şekil 1).

### BİSEPS KISA BAŞININ PATOLOJİLERİ

Kısa baş ile ilgili görülen patolojiler/yaralanmalar çok nadirdir (2-4). Bu yüzden bu konuda yapılmış çalışmalar ve vaka takdimleri de azdır. Askeri paraşütçülerde paraşütün ani açılmasını takiben, su kayakçılarında çekme halatına bağlı olarak ve bazı trafik kazalarında direkt travma sonucu gelişen az sayıda kısa baş tendon yaralanması vakası bildirilmiştir (4-9). Bu yaralanma tendonda avulsiyon şeklinde olabileceği gibi muskulotendinöz bileşkeden veya daha distalde kas dokusu içerisinden ayrışma şeklinde de oluşabilir. Fizik muayenede üst kol medialinde palpasyonla hissedilen boşluk veya defekt, korakoid çıkıntının distalinde hassasiyet ve kolun anteriorunda dolgunluk tespit edilebilir. Tanı MR ile konulur (10).

Helton ve arkadaşlarının yayınladığı bir vaka takdiminde, paraşütle atlama sırasında kolun ani abduksiyon ve dış rotasyona zorlanmasıyla biseps kısa baş proksimal tam kat rüptürü ile birlikte korakobrakialis kasının kısmi rüptürü gelişmiş asker hasta sunulmuştur. Hastanın konservatif olarak tedavi edildiği ve 6 ay sonunda mükemmel sonuç alındığı bildirilmiştir (6). Moon ve ark. ile Postacchini ve ark. sunduğu vakalarda ise cerrahi tedavi sonrası mükemmel sonuç bildirilmiştir ve erken cerrahi girişim önerilmiştir. Cerrahide, yırtılmış olan kısa başın korakoid çıkıntıya tenodezi uygulanabilir veya yine korakoid çıkıntıya yapışık olan korakobrakialis kasına dikilebilir (4,9). Moorman ve ark. nın sunduğu ve yaralanmadan 4 hafta sonra başvurmuş bir miyotendinöz total rüptür vakasında ise, kasın nekrotik olduğu görülmüş ve kısa baş eksize edilmiştir. 1 yıl sonra yapılan kontrollerde dirsek fleksiyon gücünün karşı tarafla kıyaslandığında önemli oranda daha düşük olduğu fakat bunun dışındaki diğer parametrelerin (omuz, dirsek, el bileği hareket açıklıkları ve kas güçleri) normal olduğu görülmüştür (8). Fox ve ark.'nın 2020 yılında yayınladıkları vaka takdiminde, biseps kasının kısa başı ve korakobrakialis kasının korakoid çıkıntıdan total olarak rüptüre olduğu bir hastada 7 hafta sonra cerrahi yapıldığı, kas retraksiyonu ve tendon dejenerasyonu geliştiği, bu sebeple primer tamir değil semitendinosus allogreft ile rekonstrüksiyon

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Konservatif tedaviye dirençli hastalarda cerrahi tedavi endikasyonu vardır. Cerrahi tedavide 2 seçenek vardır, tenotomi veya tenodez. Literatürde bu iki yöntemden herhangi birinin üstünlüğünü kesin olarak kanıtlayabilmiş çalışma yoktur. Yapılan çalışmalarda genellikle kanıtlanabilmiş tek fark tenotomide daha fazla kozmetik deformite oluştuğudur. Uygulanacak cerrahi yöntem seçilirken hastanın yaşı, aktivite seviyesi ve kozmetik endişeleri göz önünde bulundurulmalıdır.

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