

14.

BÖLÜM

SUBAKROMİYAL SIKIŞMA SENDROMU

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GİRİŞ

Birinci basamak sağlık hizmetlerinde hastaların kas-iskelet sistemine ait en sık başvuru nedenlerinden birisi omuz ağrısı olup; omuz ağrısı ile başvuran hastalarda en sık teşhis edilen hastalık subakromial sıkışma sendromudur (SSS) (1). SSS ilk olarak Neer tarafından 1972 yılında, rotator manşet tendonlarının akromiyonun antero-inferior kısmının altında ve omuzun öne fleksiyon ve iç rotasyon pozisyonunda mekanik olarak sıkışması şeklinde tarif edilmiştir (2). SSS'ndeki patofizyolojik süreçte subakromial boşlukta bulunan rotator manşet tendonları ve subakromial bursa etkilenir (3), dolayısı ile SSS'nu, sınırlı subakromiyal boşlukta rotator manşet ve subakromiyal bursanın semptomatik iritasyonu olarak da tanımlamak mümkündür (1).

SSS'na neden olabilecek faktörlerin spektrumu oldukça geniştir. Subakromial boşlukta tendonların ve bursanın enflamatuvar süreçlerini takip eden pato-anatomik değişikliklerin varlığı, tendonlardaki dejeneratif değişiklikler, rotator manşet kasları disfonksiyon veya zayıflığı, skapulalar kas disfonksiyonları, posterior glenohumeral kapsül zayıflığı, vertebral kolon ve skapuladaki postural disfonksiyonlar, subakromiyal çıkıştaki kemik ya da yumuşak dokulara ait bozukluklar, SSS'na yol açabilecek faktörlerin başlıcalarıdır (3).

SSS, subakromiyal bursitten rotator manşet tendinopatisine ve tam kalınlıkta rotator manşet yırtıklarına kadar değişen bir patoloji spektrumunu temsil eder (4).

Hastalığın tanısı; klinik şüphe, ayrıntılı fizik muayene ve uygun radyolojik görüntüleme yöntemleri ile kolayca konabilir (5). Hastalar sıklıkla baş üstü seviyelerdeki aktiviteler sırasında oluşan ağrı yakınmasıyla ile başvururlar. Ayrıca etkilenen omuz üzerine yatmakla artan ve geceleri hareket sırasında artan omuz ağrısından şikâyet ederler (6). Bu şikâyetler çok spesifik olmayıp diğer omuz sorunlarında da görülebilir. Bunun yanında, her ne kadar sıkışma ve subakromiyal bursit bulguları ile başvursalar da genç hastalarda ve özellikle voleybol, tenis, yüzme gibi baş üstü hareketleri içeren sporlar yapan atletlerde internal sıkışma nedenleri mutlaka akılda bulundurulmalıdır (4).

ANATOMİ

Subakromiyal boşluğun üst sınırı; akromiyon anterior 1/3'ünün inferior yüzeyi, korokoid çıkıntı ve korakoakromiyal bağ (KAB) tarafından oluşturulur. Akromiyon, korakoakromiyal bağ ve korakoid çıkıntı birlikte korakoakromiyal kemeri oluştururlar. Subakromiyal boşluğun alt sınırı ise humerus başı, superior glenohumeral eklem ve korakohumeral bağ tarafından oluşturulur

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termiştir. Bununla beraber cerrahi sonrası erken dönemde başlayan rehabilitasyon programları hastaların erken sürede normal aktivitelerine ve spor aktivitelerine dönmelerini sağlamaktadır.

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