

15.

BÖLÜM

SUBSKAPULARİS TENDON YIRTIKLARI

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GİRİŞ

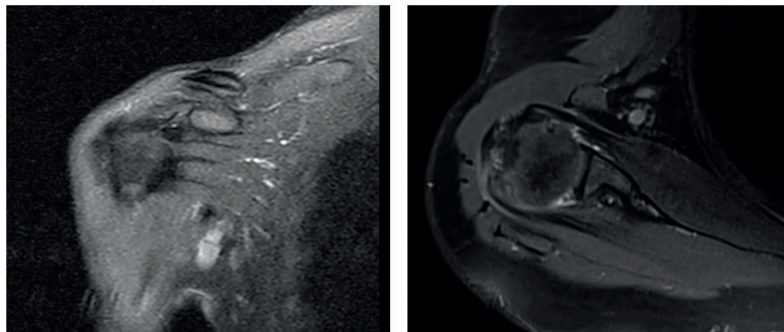
Subskapularis kası glenohumeral eklemin stabilizatörü ve rotator manşetin en kuvvetli ve en büyük kasıdır (1-3). Omuzun ekstansiyon, dış rotasyon ve abduksiyon hareketlerine karşı ters kasılma ile omuz stabilitesine önemli katkı sağlar(2,4). İnfraspinatus ve teres minör kaslarının hareketlerine tek başına karşı koyar(5). Yapılan çalışmalar ve manyetik rezonans görüntülerinde görüldüğü üzere skapulanın ön yüzünde bulunan subskapular fossadan başlayan lifler birleşerek humerusun tuberkulum minusuna yapışır(Şekil 1). Tüberkülüm minustaki yapışma alanı ortalama 40x20mm kadardır(6). Tüm rotator manşet kasları arasında yapışma alanı en geniş olanıdır(7).

Subskapularis tendonunu superiordan korakohumeral ligament ve superior glenohumeral ligament sarar ve fonksiyonuna yardımcı olur;

dolayısıyla subskapularis yırtıklarında superior glenohumeral ligament de etkilenir(8).

Subskapular kası subskapular sinir superior ve inferior dalları ile innerve eder. Superior dalı genellikle arka korddan çıkar. İnferior dalı ise bazen arka korddan, aksiller sinirden veya torakodorsal sinirden çıkarken bazen de bu sinirlerin dallarının birleşmesiyle oluşur(9).

Subskapular kas kolun adduksiyon ve iç rotasyonunda primer görevli iken kasın süperior lifleri abduksiyonun ileri derecelerinde humerus başını glenoid merkezinde tutarak kolun abduksiyonuna da yardımcı olurlar(10). Subskapular kas humerus başının glenoide santralizasyonunu sağladığı için yırtıklarında anterior instabilite oluşur. Nevasier ve ark. subskapularis yırtığı olan hastalarda tekrarlayan anterior instabiliteyi işlemişlerdir(11).



Şekil 1. Solda koronal kesitte 3 adet subskapularis kas tendonu ve sağda bütün halinde subskapularis kası tuberkulum minusa yapışmaktadır.

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