

Bölüm 21

KAS-İSKELET SİSTEMİ İLE İLİŞKİLİ GÖĞÜS AĞRISINA YAKLAŞIM

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GİRİŞ

Göğüs ağrısı, dünya çapında en yaygın tıbbi yardım alma nedenlerinden birisi olarak bilinmektedir (1). Birinci basamak sağlık kuruluşlarına gelen hastaların %1 ile %3'ünü bu şikayet ile gelen hastalar oluşturur. Bu başvuruların hemen hemen yarısı kas iskelet sistemi ile ilişkili hastalıklardan kaynaklanan

göğüs ağrısıdır (2). Kardiyovasküler, pulmoner, gastroenterolojik nedenli ve psikojenik faktörler de göğüs ağrısına neden olabilirler. Ayrıca omuz eklem kuşağındaki patolojiler, servikal, torakal omurga ve diyafram alt bölgesi anatomik yapılarındaki olası patolojiler göğüs bölgesine yansıyan ağrıya neden olabilir (3).

Göğüs ağrısının nedenleri arasında kalp, akciğer ve ozeagus gibi intratorasik yapılar olabilir.

Kalp gibi torakal bölge lokalizasyonlu yapılarındaki ağrıyı ileten serbest sinir uçları, aynı seviyede spinal kord dorsal boynuzda cilt, kas ve eklemlerden afferent uyarıyı alan internöronlarla sinaps yapar. Visseral ve somatik ağrı yollarının aynı internöronda birleşmesi nedeniyle visseral ağrı visseral bölgeden uzak somatik alanlarda yansıyan ağrıya neden olur (3).

Bu nedenle, göğüs ağrısının nedeninin kas-iskelet sistemi kaynaklı mı ya da visseral bir organ kökenli mi olduğunu kesin olarak tanımlamak zor olabilir. Bu nedenle göğüs ağrısı tanısı ile başvuran olgularda kas iskelet sistemi kaynaklı olduğu düşünülmeden önce olası diğer nedenlerin ekarte edilmesi gereklidir (3,4). Örneğin anjinal ağrı, lokalizasyon olarak bu ağrının yayılım paternini etkileyebilecek olan kostokondrit veya subakromiyal bursit ile birlikte ortaya çıkabilir. Bu nedenle orta ve ileri yaşlı hastalarda eğer kalp hastalıkları ile ilişkili güçlü risk faktörleri varsa öncelikle elektrokardiyogram, ekokardiyografi gibi tetkiklerle değer-

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simal klavikular başın rezeksiyonu veya sinoviyektomi gibi ağrıya yönelik cerrahi girişimler denenebilir (98).

KAYNAKLAR

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