

# Bölüm 15

## ÜST EKSTREMİTE OSTEOARTRİTLERİ

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### AKROMİYOKLAVİKÜLER EKLEM OSTEOARTRİTİ

Omuz çevresi ağırları çoğunlukla subakromiyal bölge ve glenohumeral eklem kaynaklı olduğundan, akromiyoklaviküler eklem (ACE) patolojileri sıklıkla göz ardı edilir. Fakat aslen ACE patolojileri Ortopedi ve Fizyoterapi disiplininde halen önemli sorunlardan birisidir.

ACE klavikulanın lateral ucu ve skapulanın akromial çıkıntısı arasında bulunur. Fibrokartilajinöz eklem içi diski içeren diarthrodial tipte bir eklemdir. Nispeten yüksek eksenel ve dönme yüklerine karşı stabiliteye sahiptir. Ekleme ait önemli bağlar ise; akromiyoklaviküler (AC) bağ ve korakoklaviküler (CC) bağıdır. AC bağ antero-posterior düzlemde stabilite sağlarken, CC bağ ise süpero-inferior düzlemde stabilite sağlar.

ACE artritine, tekrarlayan mikrotravmaya neden olan, küçük bir temas alanından eksenel büyük yüklerin iletilmesi neden olur. İzole ACE osteoartriti olduğunda, hikâyede genellikle daha önceki eklem hasarı öyküsü vardır. Ancak ACE, yaygın osteoartritin bir parçası olarak da tutulabilir.

Risk faktörleri arasında;

- Yaşla daha sık görülmekle beraber, yaşamın ikinci on yılında ortaya çıkabilir
- Travma ( özellikle klavikula kırıkları, ACE instabilitesi)
- Distal klavikula osteolizi
- İnflamatuvar artropati ( RA vb.)

terfalangeal, başparmak metakarpal ve başparmak metakarpal trapeziokafoid eklemlerde yapılır. Klinik OA diğer radyografik bulgularla birlikte eklem ağrısı, sertlik ve rahatsızlık deneyimi olarak tanımlanır.



**Resim 6:** Elde DIP ve PIP eklem OA gösteren X-Ray

## TEDAVİ

Tedavisinde, farmakolojik ve fizik tedavi ajanları kullanılır. Sıra ile parasetamolde başlanarak NSAİİ ilaç spektrumu ile geniş bir yelpazede farmakolojik ajanlar kullanılabilir. Fizik tedavi içerisinde splint kullanımı, hareket kısıtlaması kullanılabilir.

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