

# BÖLÜM 14

## OMUZ ARTRİTİ VE ARTROPLASTİSİ

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### GİRİŞ

Osteoartrit(OA);sinovyal eklemlerin kalıcı ve ilerleyici kıkırdak kaybına yol açan dejeneratif bir hastalıktır. En çok kalça ve diz gibi yük taşıyan eklemleri etkilemekle birlikte yaşam beklentisi ve yaşlı popülasyonun artmasıyla omuz eklem OA sıklığında artmaktadır. Omuz eklemi, kalça ve dizden sonra en çok protez uygulanan eklemdir (1).

Kadınlarda ve ileri yaşta omuz artrozu daha sık görülmektedir. Prevalans erkeklerde 45 yaş üstünde, kadınlarda 55 yaş üstünde giderek artış gösterir ve 60 yaş üstünde %32,8 oranındadır (2). Omuz osteoartriti humerus başı ve glenoid eklem yüzlerindeki hiyalin kıkırdağın kaybı ile eklem kapsülü ve kemik yapıların, mekanik ve biyokimyasal değişimlerini içeren ilerleyici,dejeneratif sürece bağlı gelişen ağrı ve fonksiyon kaybı ile karakterizedir.

Etyolojik açıdan bakıldığında omuz osteoartinin nedenleri primer ve sekonder olarak ikiye ayrılır (Tablo 1).Tekrarlayan mikrotravmalara bağlı,saptanabilen bir predispozan faktör bulunmaksızın primer olabileceği gibi; konjenital deformite,travma öyküsü,metabolik nedenler ve enfeksiyona bağlı doğal yapısını kaybetmiş eklemlerde sekonder olarak ortaya çıkabilir (3).Primer omuz osteoartiti, sekonder artroz nedenlerine göre daha nadirdir ve kadınlarda daha sıktır;sekonder osteoartit ise genel olarak erkeklerde daha sık görülür (4).

Omuz osteoartinin tedavisi planlanırken; hastanın yaşı ve aktivite düzeyi,fizik muayene ve radyolojik bulguları,ek hastalıkları dikkatlice irdelenmelidir. Konservatif, restore edici ve rekonstrüktif gibi farklı tedavi seçenekleri vardır. Konservatif,

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kaygı verici şekilde azaldığını belirtmişlerdir (65). Başarısız HA ve TOA revizyönünde tTOA uygulaması tatmin edici iyi sonuçları bildirilmiştir (66,67). Triple ve ark. 80 yaş üzeri TOA ile tTOA uygulanan hastaları karşılaştırmış ve fonksiyonel sonuçlar benzer oranda iyileşme saptamışlardır, ancak ters omuz protezinde komplikasyon ve transfüzyon ihtiyacı daha fazla saptandığı bildirilmiştir (68). Yine TOA ile tTOA'nin karşılaştırıldığı başka bir çalışmada, postop 2. yılda VAS skoru ve ASES(American Shoulder and Elbow Surgeons score) her iki grupta benzer olduğu ancak TOA'nde fleksiyon ve dış rotasyonun daha iyi olduğu bildirilmiştir ve bu durumun ters omuz protezi uygulanan hastalarda rotator manşet fonksiyonunun olmamasına bağlanmıştır (69).

## OMUZ PROTEZ KOMPLİKASYONLARI

Son yıllarda tTOA tasarımlarının da gelişmesiyle omuz artroplasti yapılan hasta sayısı artışına paralel komplikasyon oranlarında artmaktadır. İnstabilite, enfeksiyon, aseptik glenoid ve humerus gevşemesi, akromiyon ve spina skapula kırığı, glenoid ayrışması, humerus kırığı, aksiler veya radial sinir arazi gibi komplikasyonlar görülebilir. İnstabilite en sık görülen komplikasyondur ve implant malpozisyonu, yumuşak doku dengesizliği, kemik defekti gibi durumlarda görülebilir (70,71).

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