KONU 12

El Bileği

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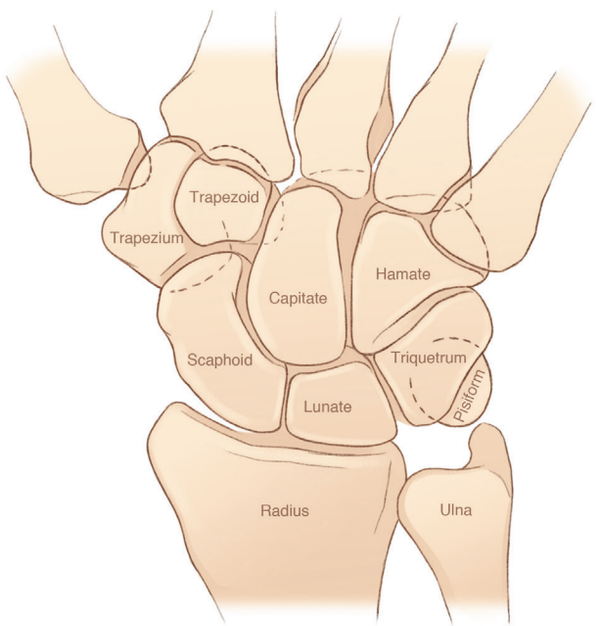
GİRİŞ

El bileği eklemi, distalde metakarplar ve proksimalde radius ile birlikte sekiz karpal kemikten oluşur. Hareketler fleksiyon, ekstansiyon, radial deviasyon ve ulnar devisyonu içerir. Karpal kemikler, proksimal sırada dört kemik ve distal sırada dört kemik olarak ayrılır (Şekil 12-1). Radialden ulnar tarafa proksimal sıra, skafoideum, lunatum, trikuetrum ve psiformu içerir. Radialden ulnar tarafa distaldeki sıra trapezium, trapezoideum, kapitatum ve hamatumu içerir. Fleksör karpi ulnaris tendonunun kılıfına ekli bir sesamoid kemik olan pisiform, trikuetrum volar yüzeyine bitişik olarak uzanır ve önkol kemikleri veya kalan karpal kemiklerin herhangi biriyle eklem yapmaz.[1]

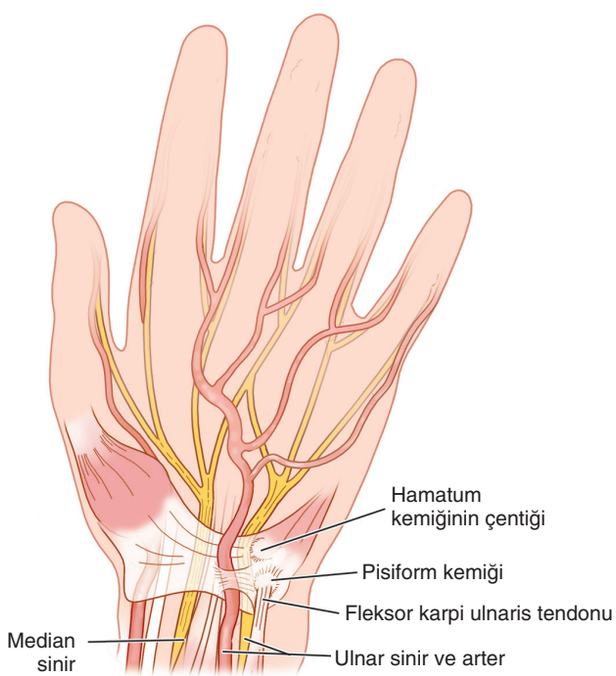
Önkol kemiklerinden sadece radius karpal kemiklerle eklem yapar. Ulna, trikuetrum ve radius ile triangular fibrokartilaj kompleks (TFCC) olarak bilinen nonosseöz fibrokartilaj birleşime sahiptir. Ulna, distal radioulnar eklemde (DRUE) radius ile eklem oluşturur. DRUE'nin kemiklerinde veya ligamentlerinde oluşan hasar, bilek mekanizmasını önemli ölçüde etkiler ve bu durum subluksasyona veya dislokasyonlara neden olabilir. Uygun bir şekilde tedavi edilmezse, bu yapıların yaralanması uzun süreli hareket kısıtlılığı, artrit veya ağrılı hareket açıklığına neden olabilir.

El bileği ligamanları, karpal kemiklere radius, ulna veya metakarpaller katıldığında ekstrinsik ve karpal kemikleri birbirine bağlarken ise intrinsik olarak kabul edilir. El bileği ligamanları ayrıca dorsal, volar veya interosseöz olarak sınıflandırılır. Volar ligamentler dorsal karşıtlarına göre daha güçlüdür ve en yüksek stabiliteyi sağlarlar. Bu bağların hasar görmesi karpal instabilite ile sonuçlanır ve bu bölümün ilerleyen kısımlarında ele alınacaktır.

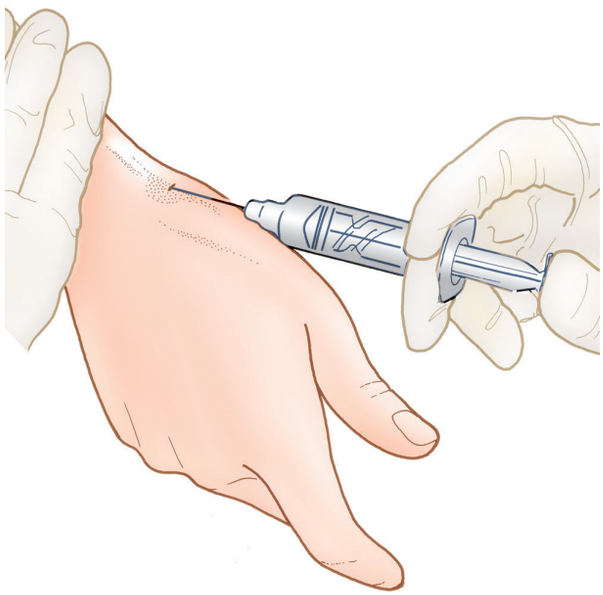
Birçok önemli nörovasküler yapı pisiform ve hamatumun çengeli tarafından oluşturulan Guyon kanalından geçer (Şekil 12-2). Ulnar sinir ve arterin derin dalları üç hipotenar kas olan interossei, iki ulnar lumbrikaller ve adductor pollicisi besler ve innerve ederler. Hamatum veya kapitatumda bir kırık, nörovasküler demetin hasar görme-



Şekil 12–1. El bileğinin kemik anatomisi.



Şekil 12–2. El bileğinde önemli nörovasküler yapılar vardır. Ulnar sinir ve arter Guyon kanalı ile sınırlandırılmıştır.



Şekil 12–55. De Quervain stenozan tenosinoviti için enjeksiyon. Tendon ve kılıf arasına iğne ile girilir. Eğer iğne düzgün yerleştirilmişse, birinci kompartmana sıvı enjekte ettikçe sosis şeklinde şişmesine dikkat ediniz.

miştir.[100-102] Enjeksiyondan sonra, hastaya başparmağın ucundan başlayıp ön kolun üçte ikisine uzanan basit bir başparmak ateli yerleştirin. Atel, 10 gün boyunca yerleştirildiği yerde kalmalıdır.

Semptomlar tekrarlarsa veya 1 yıl içerisinde iki enjeksiyondan sonra da devam ederse cerrahi önerilir. Vakaların büyük bir kısmında; enjeksiyon tedavisi gereklidir, bunu takiben bir NSAID verilmesi ve başparmağın 7 ila 10 gün süreyle atellenmesi gereklidir.

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