KONU 16

Omuz

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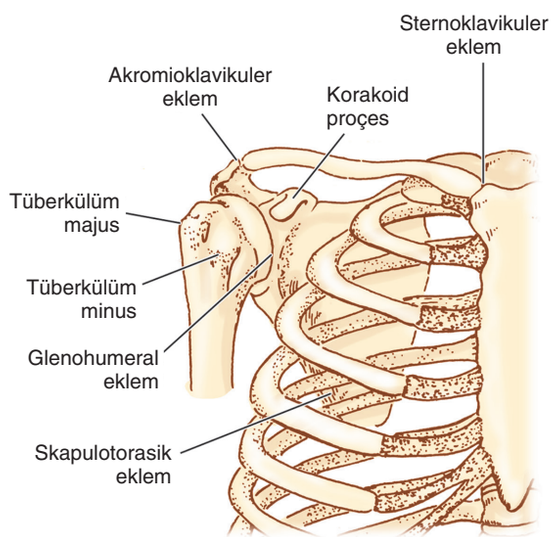
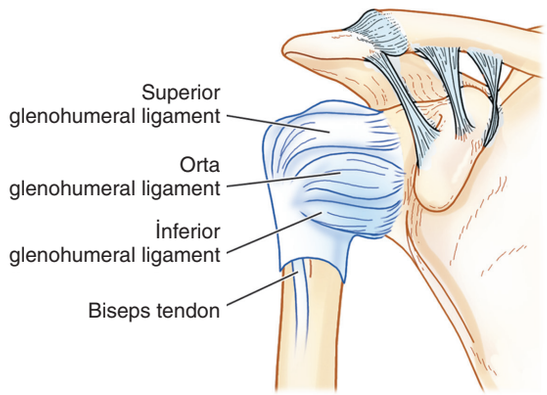
GİRİŞ

Omuz, proksimal humerus, klavikula ve skapula'dan oluşur. Omuz eklemleri sternoklaviküler (SC), akromioklavikular (AC) ve glenohumeral eklemlerdir. Ayrıca skapula ile toraks arasında bir eklem vardır. Şekil 16-1 ile 16-3, hem osseöz hem de ligamentöz anatomiyi sağlamakta olup omuz ve omuza bağlı rahatsızlıkları kavrayabilmek için anlaşılmalıdır. Bağlara yüzeysel olanlar omuzu destekleyen ve küresel hareket aralığını sağlayan kaslardır. Rotator manşet kasları glenohumeral eklemi kuşatır ve supraspinatus, infraspinatus ve teres minör kasları (tüberkülüm majusa tutunur) ile subskapularis kasından (tüberkülüm minus'a tutunur) oluşur (Şekil. 16-4). Bu kaslara yüzeysel olan deltoid, omuzun abdüktörü olarak işlev görür.

Klavikula uzunlamasına bir kemik olup orta kısmı boru biçimindedir ve distal kısım düzleşmiştir. Skapula lateral olarak AC ve korakoklaviküler (CC) ligamanlar tarafından bağlanır. SC ve kostoklaviküler bağlar klavikulayı medialde sabitler (Şekil 16-3). Klavikula hem sternokleidomastoid hem subclavius kasları için bağlantı noktaları olarak hizmet eder. Ligamentler ve kaslar, klavikulayı tutturmak için birlikte hareket ederek omuzun genişliğini korur ve omuzun aksiyel iskelete bağlanma noktası olarak görev yaparlar.

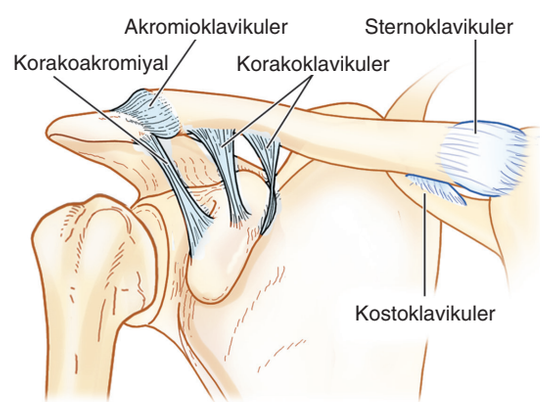


Şekil 16–1. Omuzun temel anatomisi.



Şekil 16–2. Omuz çevresindeki ligamentler.

Skapula; gövde, spina, kavitas glenoidalis, akromiyon ve prosessus korakoideustan oluşur. Kemik, tüm gövdesi ve spinası boyunca kalın kaslarla kaplıdır. Arka yüzeyde, supraspinatus kası spina'nın üstündeki fossayı örterken, infraspinatus ve teres minor kasları spina'nın altındaki fossayı örter. Skapulanın ön yüzeyi, subskapularis kası tarafından göğüs kafesinden ayrılır. Bu kaslar skapula için koruma ve destek sunar. Skapula, aksiyel iskelete sadece AC eklem yoluyla bağlanır. Skapular desteğin geri kalanı, yüzeyini çevreleyen kalın kas yapısından kaynaklanmaktadır.



Şekil 16–3. Klavikulanın medialde sternuma lateralde akromiyona olan ligamentöz ekleri.

Servikal Omurga Hastalığı

Disk dejenerasyonu, fıtık ve osteoartrit gibi servikal omurga problemleri omuz ağrısına neden olabilir. Muayene eden kişi boyun hareketinin sınırlı olduğunu tespit eder ve omuz ağrısı çoğunlukla boyun hareketi ile çoğalacaktır. Radikülopati gibi nörolojik bulgular mevcut olabilir ve *spurling testi* ile değerlendirilebilir. Bu test, boynun etkilenen ekstremiteye lateral olarak eğilmesi ve servikal omurgaya aşağı doğru bir aksiyel yük uygulanması ile gerçekleştirilebilir. Lateral eğme ile harekete boyun ekstensiyonunun eklenmesi, duyarlılığı artırabilir.[168] Servikal omurgayı dikkatli bir şekilde incelemek ve bu durum şüpheliyse, boyun grafilerinin çekilmesi önemlidir.[169] Tedavi analjeziklerden ve sevkten oluşur. Dirseğin ötesine yayılmış omuz ağrısı servikal omurgayı değerlendirmeyi gerekli kılar.

Brakiyal Pleksus Nöropatisi

Bu, üst ekstremitede lokalize veya dağınık belirsiz semptomlarla ortaya çıkabilen omuz ağrısının nadir bir nedenidir. Brakiyal pleksus nöropatisi, alerjik koşullar, enfeksiyöz rahatsızlıklar (viral sendromlar) nedeniyle ortaya çıkabilir veya idiyopatik olabilir.

Belirgin semptom, omuz bölgesine lokalize olabilen ya da yayılabilen ağrıdır. Birkaç hafta içinde hastada genellikle omuz kemerinde güçsüzlük geliştirir. Bu durumun genellikle iyi bir prognozu vardır.[169]

Neoplastik Hastalık

Başta apikal akciğer olmak üzere neoplastik hastalık omuz ağrısı ile kendini gösterebilir. Bu, göğüs duvarı ve brakiyal pleksusun lokal ağrı veya radiküler ağrı üretmesini kapsayabilir.

Torasik Outlet Sendromu

Bu sendrom, nörolojik ve vasküler kompresyon gibi bazı bozuklukları içerir. Nörolojik torasik outlet sendromunda, brakiyal pleksus, supraklaviküler alanı geçerken ve aksilladan kola geçerken sıkıştırılabilir. Bası skalen kasından, ilk kaburgadan, prosessus korakoideustan veya pektoralis minör kasının tendinöz tutulumundan kaynaklı olabilir.[169] Hastalar bazı hareketler sırasında ağrı belirtileri gösterirler. Hasta derin bir nefes alırken omuzları kollar yanlara dayanmış olarak itmek ağrıya neden olabilir. Brakiyal pleksusun medial trunkusu basıdan en çok etkilenen bölgedir. Böylece, ağrı, ulnar sinir dağılımı boyunca önkola yayılabilir ve kavrama hareketinde zayıflık görülebilir.[170]

Nörolojik torasik outlet sendromunun tedavisi, semptomatik rahatlama sağlayan fizik tedavi ve omuz kaslarının kuvvetlendirilmesinden oluşur. Bazen, bası alanını hafifletmek için cerrahi gerekir.[168,170]

Vasküler kompresyon da oluşabilir, ancak daha az görülür. Aktiviteye bağlı olarak venöz çıkışın sıkışması, baş üstü sporcuların yaptığı gibi tekrarlayan omuz abdüksiyonundan kaynaklanabilir. Bu yaygın olarak Paget-Schroetter Sendromu olarak anılır ve trombolizisin acil olarak düşünülmesi için vasküler cerrahi konsültasyonu gerektirir.[170]

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