KONU 20

Diz

Michael C. Bond, MD
Çeviri: Dr. Ögr. Üyesi Mustafa AKKAYA, Prof. Dr. Metin DOĞAN

GİRİŞ

Diz sıkça yaralanan kompleks bir eklemdir. Diz yaralanmalarının doğru tanısı için detaylı anatomi bilgisine ihtiyaç vardır.

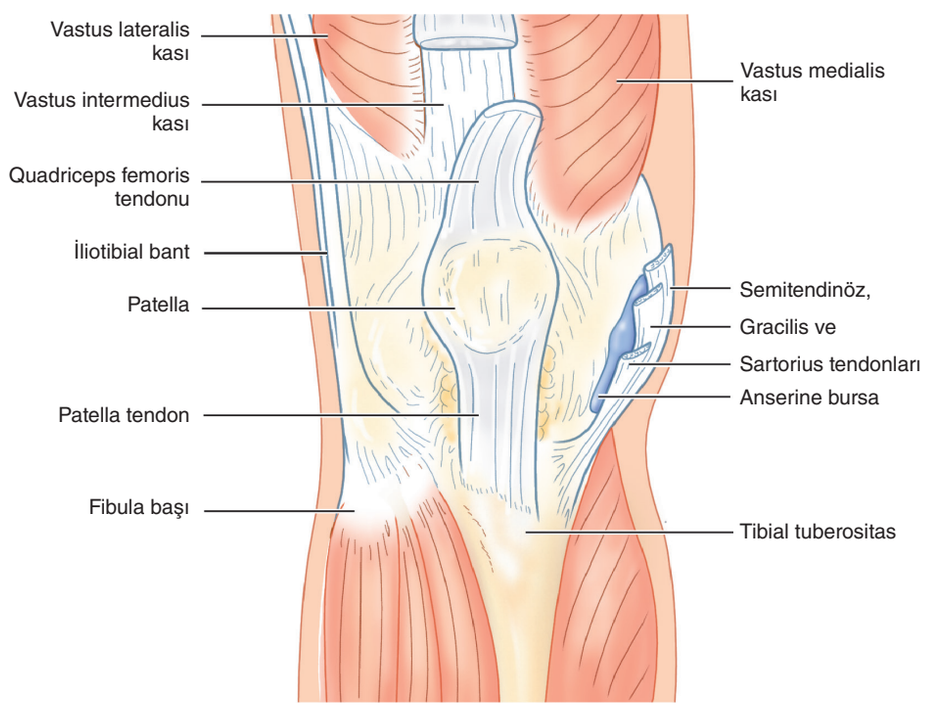
Diz üç eklemden oluşur: medial ve lateral kondiler eklemler ve patellefemoral eklem. Diz; fleksiyon, ekstansiyon, iç ve dış rotasyon, abduksiyon ve adduksiyonu içeren geniş bir eklem hareketi yelpazesine sahiptir. Tam ekstansiyonda, ligamentöz yapılar gergin olduğu için rotasyon hareketine izin vermez. Ekstansiyondaki bu gerginlik ''screwing home mekanizması'' olarak adlandırılır. 20 derece fleksiyonun ilerisinde destek ligamentler gevşer ve aksiyal rotasyona izin verir.[1] 90 derece fleksiyonda, 40 dereceye kadar rotasyona izin veren maksimum gevşeklik oluşur.

Muayene

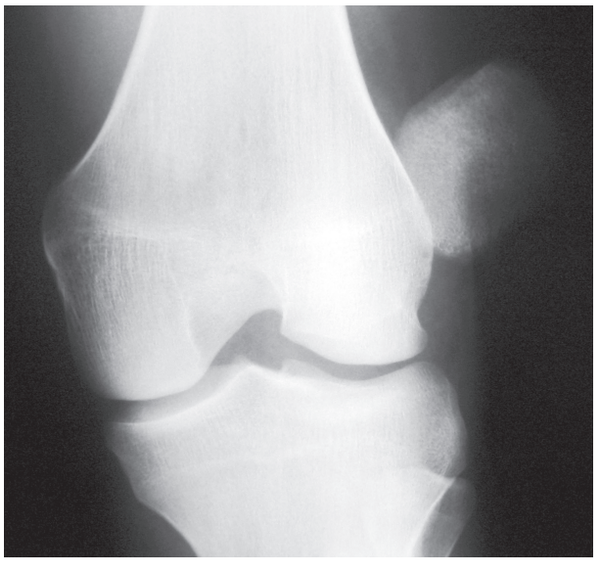
Dizi çevreleyen majör kasları içeren yüzeyel anatomi kolaylıkla görülebilir ve palpe edilebilir. Diz ekstansiyonda iken, dominant olan vastus medialis ve daha küçük olan vastus lateralis görülebilir ve palpe edilebilir (Şek. 20-1A). Daha büyük olan medialis ekstansiyonda patellayı içe doğru çeker, böylece lateral subluksasyon veya dislokasyondan dizi korur. Sartorius, gracilis ve semitendinöz kaslar pes anserinus olarak da adlandırılan birleşme noktasına kadar tibia medialinde palpe edilebilir (Şek. 20-1B). Lateralde, iliotibial bant ve biseps femoris'in tendonu palpe edilebilir.

Dizin kemik anatomisi de palpe edilebilir. Patella ve patellar tendon dizin anterior yüzü boyunca palpe edilebilir. Medialde, medial tibial plato ve medial femoral kondil dikkati çeker. Addüktör tuberkül medial femoral kondilden posteriora doğru dışarı çıkar ve palpe edilebilir. Eklem hattı diz fleksiyonda iken patellar tendonun hemen medial ve lateralindeki doğal çökmeyi izleyerek kolayca lokalize edilebilir. Bu girintiler eklem yüzlerinin üzerindedir.

Patellar tendon anterior tibial tüberkül ile birleşir ve kolayca palpe edilebilir. Tüberkülün hemen lateralinde lateral tibial plato bulunur. Platonun posterior ve lateralinde fibular baş, lateral femoral kondilin hemen altında palpe edilebilir.



Şekil 20–1. Diz anatomisi. ***A.*** Anterior görünüm. (Devam ediyor)



Şekil 20–68. Lateral patellar çıkığın AP grafisi.

Spontan redüksiyon meydana gelirse, genellikle patellanın alt yüzeyinde hassasiyet bulunur ve patellar korkutma testi pozitiftir. Bu testi gerçekleştirmek için diz 30 derece fleksiyona getirilir ve patella laterale itilir; yaklaşmakta olan yeniden çıkık hissi ortaya çıkarsa, test pozitif olarak kabul edilir.

Görüntüleme

Bu yaralanmanın değerlendirilmesinde AP ve lateral grafi genellikle yeterlidir (Şek. 20-68). Kırıkları dışlamak için grafiler çekilmelidir. Yağ-sıvı seviyesinin varlığı kemik veya osteokondral kırığın göstergesidir. Anormal patellofemoral bir açının akut çıkıkta patellar instabilitenin güvenilir bir radyolojik işareti olmadığını unutmayın.[177]

İlişkili Yaralanmalar

En sık görülen yaralanma, intraartiküler eklem faresi ya da patellanın medial fasetinin veya lateral femur kondilinin osteokondral kırığıdır. Osteokondral yaralanmalar, vakaların %40'ında görülür.[84] Bu yaralanmaları genellikle düz grafilerde görmek zordur.

Tedavi

Bir lateral patella çıkığını redükte etmek için başlangıçta kalçayı fleksiyona alın. Ardından, diz ekstansiyonda iken patella üzerinde medial yöne hafif bir basınç uygulayın. İntraartiküler ve horizontal çıkıklar bazen kapalı manüpilasyonla redükte edilir, ancak çoğu açık redüksiyon gerektirir. Superior çıkıklar ve vertikal eksende rotasyon ile lateral çıkıklar genellikle operatif redüksiyon gerektirir.

Redüksiyondan sonra, patella'nın pozisyonunu gösteren grafiler çekilmelidir. Bacak bir diz immobilizeri ile (Ek A-16) 3-7 hafta boyunca tamamen ekstansiyonda kalmalıdır. İlk 24 saat buz da önerilir. Bir ortopediste danışılması önerilir. Bazı ortopedistler tüm ilk çıkıkların başlangıçta cerrahi olarak tamir edilmesi gerektiğini düşünürken bazıları daha tutucu bir yaklaşım seçerler. Tekrarlayan patellar çıkıklar cerrahi olarak tedavi edilmelidir; bununla birlikte, ilk yaralanmalar için cerrahi tedaviyi önermiyoruz.[178,179] Osteokondral kırık ile ilişkili çıkıklar en iyi şekilde cerrahi olarak tedavi edilir.[180,181]

Patella subluksasyonu konservatif olarak yönetilir; quadriseps'i güçlendirmek için izometrik egzersizler başlangıçta yapılır. Hamstringler için germe egzersizleri de önerilmektedir. Hassasiyetin ciddi olduğu ve önemli gevşeklik hissedilen vakalarda, patellar kısıtlayıcı destek kullanılması önerilir. Operatif tedavi, 6 ila 12 ay sonra konservatif tedavide başarısız olan hastalar içindir.

Komplikasyonlar

Patellar çıkıklardan sonra dejeneratif artrit ve tekrarlayan çıkık ve sublüksasyon görülebilir.

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