

KONU 23

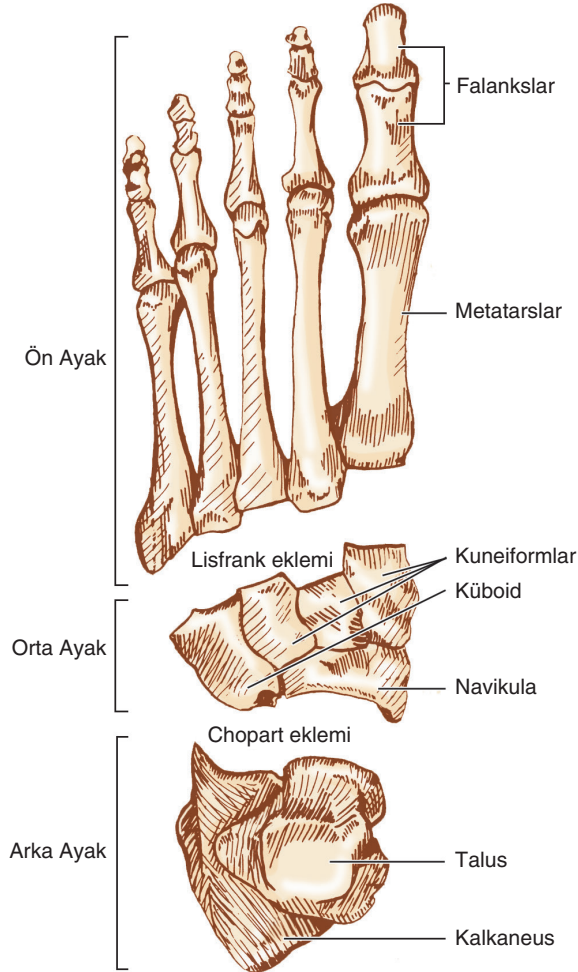
Ayak

Dennis Hanlon, MD

Çeviri: Uz. Dr. Mehmet Emin ŞİMŞEK, Prof. Dr. Murat BOZKURT

GİRİŞ

Ayağın fleksiyon, ekstansiyon, inversiyon ve eversiyon gibi geniş bir normal hareket yelpazesi vardır. Buna ek olarak supinasyon ve pronasyon; normal ayak hareketlerinin bir parçasıdır. Ayak iki ark içerir: longitudinal ark (orta ayak) ve transvers ark (ön ayak). Ağırlık normalde ön ayak ve topuğa eşit olarak dağıtılır. Ağırlık metatars başlarına eşit olarak dağıtılmaz, çünkü birinci metatars diğer dördünden iki kat fazla ağırlık çeker. Ayağa uygulanan maksimum ağırlık, yürüme ve koşmanın ayak yerden kaldırma fazında ortaya çıkar.



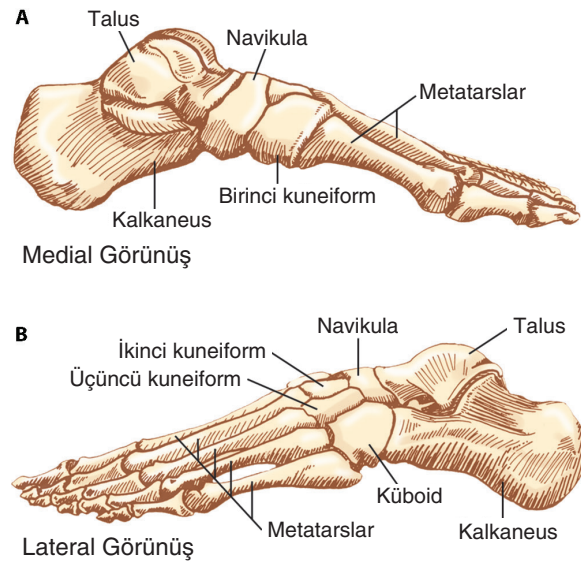
Şekil 23-1. Ayak; arka ayak, orta ayak ve ön ayak olmak üzere ayrılmıştır. Chopart eklemi arka ayağı orta ayakta ayırır ve Lisfrank eklemi orta ayağı ön ayakta ayırır.

Ayak, 28 kemik ve 57 eklem içermektedir (Şekil 23-1 ve 23-2). Kavramsal olarak, ayak üç bölgeye ayrılabilir: arka ayak (talus ve kalkaneus), orta ayak (naviküler, kuneiform ve küboid) ve ön ayak (metatarslar ve falankslar).

Ayak kırıkları yaygın olup tüm kırıkların %10'unu oluşturur. Bunlar genellikle yaralanmanın üç temel mekanizmasından biri olan direk travmanın, indirek travmanın ve aşırı kullanımın sonucudur.

Görüntüleme

Ottawa ayak kuralları, beşinci metatars tabanında kemikte hassasiyet varsa, tarsal naviküler üzerinde hassasiyet varsa, dört adım atamama durumunda acil serviste ayak radyografisi çekilmesini önerir.¹ Bu kurallar sadece orta ayak için geçerlidir. Ayağın rutin grafileri anteroposterior (AP), oblik ve lateral görüntüleri içerir (Şekil 23-3). Bu radyografilerin yorumlanması zor olabilir, çünkü kemikler tüm projeksiyonlarda çakışır. AP radyografisi medial iki tarsometatarsal eklemi en iyi şekilde değerlendirmek için kullanılırken oblik görüntü lateral üç tarsometatarsal eklemi en iyi görüntüsünü sağlar.² Bu sıralama önemlidir ve Lisfrank kırığı çıkığı olan hastalarda değişecektir. Lateral radyografisi, kalkaneus kırıklarının tespiti için en iyisidir. Bazı yaralanmalar ve koşullarda ileri görüntüleme gerekecektir.



Şekil 23-2. Ayağın medial (A) ve lateral (B) görüntüleri.

deviye olur ve bu nedenle yürümekte zorlanılır. Subungual eksositoz, 2: 1 oranında kadınları erkeklerden daha sık etkiler.¹²⁶ Çoğu lezyon çocuklarda ve genç erişkinlerde görülür. Bu durumun tedavisi cerrahi eksizyondur.

HALLUKS VALGUS

Halluks valgus (bunyon), başparmağın laterale deviye olduğu ve birinci metatars başı ve boynunun medial yüzeyi üzerinde kemikli bir belirginliğin geliştiği bir deformitedir. Birinci metatars başının medial kısmı büyür ve medial MTP eklemi üzerinde inflamasyona ve kalınlaşmaya neden olabilecek bir bursa oluşur. Hastayı acil servise getirecek olan bu bursittir. Tedavi bölgenin sıcak suyla ısıtılmasıdır. Konfor için ayak parmağının medialine bir ped yerleştirilir. Bu yaygın durum için çok sayıda cerrahi prosedür tanımlanmıştır. Bu hastalar kesin tedavi için bir podiatriste sevk edilmelidir.

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