

# SEREBRAL PALSIDÉ ÜST EKSTREMİTE SORUNLARI

## 5. BÖLÜM

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Serebral Palsi (SP)'de santral sinir sistemindeki hasara bağlı; eklemelerde birçok klinik tablo ortaya çıkabilir bunlar; kas fibrozisi, atrofi, eklem kontraktürü, kemik ve eklemelerde yapısal değişiklikler, eklemelerde instabilite problemleri ve ekstremite uzunluk farklılığıdır (1,2). Farklı subtiplerde farklı klinik tablolar ortaya çıkabilir; diplejik hastalarda tutulum üst ekstremitede alt ekstremiteye göre daha hafiftir. Başta hemiplegik veya kuadriplejik hastalarda daha şiddetli olmak üzere, çoğu hastada üst ekstremite tutulumu görülür (Şekil-1) (4,5).



Şekil 1. Solda parmakta kuğu boynu deformitesi ve sağda Thumb-in-Palm deformitesi

SP'deki üst ekstremite cerrahisi altta yatan patolojiyi düzeltmeye yönelik olmayıp, palyatif ve progresyonu azaltmayı amaçlamaktadır (7,8). SP'li co-

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