

BÖLÜM 27

FAR LATERAL EKSTRAPEDİKÜLER YAKLAŞIMLA BALON KİFOPLASTİ



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GİRİŞ

Osteoporotik vertebral kompresyon kırıkları (OVKK) genel olarak yaşlı popülasyonu etkiler ve her yıl dünya çapında 1.4 milyon yeni kırık meydana gelir (1-4). Bu kırıklar ciddi ağrı, deformite ve sakatlığa yol açarak yaşam kalitesinin düşmesine neden olur (5). Daha önce yapılmış olan çalışmalarda tek bir OVKK'nın dahi spinal biyomekaniği bozarak ek kırıklara neden olabileceği bildirilmiştir (6). OVKK'nın geleneksel tedavisinde yatak istirahati, ağrı kesiciler, fiziksel destek uygulanmaktadır. Ancak bazı kırıklarda ilerleyici deformite ve şiddetli ağrı kalıcı hale gelmektedir. Bu kırıkların cerrahi tedavisinde amaç ağrıyı etkin bir şekilde gidermek ve erken stabilizasyonu sağlamak suretiyle kırığın neden olabileceği morbiditelerin önüne geçmektir (7). 1980'lerin sonlarına doğru tarif edilen perkütan vertebroplasti (PV), lokal anestezi altında yapılabilen, kırık olan vertebra gövdesine düşük viskoziteli polimetilmetakrilat (PMMA) enjekte edilerek uygulanan basit bir prosedürdür. Ağrıyı etkin bir şekilde rahatlatır ve hastaların tıbbi durumundan bağımsız olarak kolaylıkla uygulanabilir. Bu mevcut özelliklerinden dolayı bu prosedür OVKK için standart cerrahi yaklaşım haline gelmiştir. İşlem esnasında macun halindeki PMMA, çökmüş olan ver-

tebra gövdesine kalın bir iğne aracılığıyla mekanik kuvvet uygulanarak enjekte edilir. Yeterli miktarda PMMA enjekte edebilmek için, hazırlanan PMMA'nın düşük viskozitede olması gereklidir. İşlem esnasında enjeksiyon basıncını ayarlamamanın mümkün olmaması nedeniyle PMMA'nın vertebra gövdesi sınırlarından dışarı taşması (ekstravazasyon) ihtimali göz önünde bulundurulmalıdır. Ayrıca, OVKK sonrası gelişen, gün geçtikçe akciğer kapasitesinde ve abdominal boşlukta azalmaya yol açarak erken ölüme neden olan kifotik deformitenin PV ile düzeltilmesi zordur (8-14). PV vertebra yüksekliğinin yeniden sağlanmasında etkili değildir (5).

Perkütan balon kifoplasti (PBK) ise PV'nin yukarıda bahsedilen eksikliklerini gidermek için Garfin ve ark. tarafından 2001 yılında OVKK'da kullanılmak üzere tarif edilmiştir (15). PBK işlemi vertebrada oluşan yükseklik kaybının restore edilmesinde ve kifotik deformitenin düzeltilmesinde etkilidir. Ayrıca bu işlem vertebroplasti ve açık cerrahiden daha güvenlidir (16-24).

PBK, çökmüş olan vertebra gövdesine bir balon yerleştirilmesi sonrası vertebra üst ve alt end plate'lerinin eski pozisyonuna gelene kadar şişirilmesi esasına dayanır. Şişirme işleminin ardından balon geri çekilir ve vertebra gövdesinde oluşan boşluğu doldurmak için yüksek vis-

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zeldirmesinde geleneksel iki balonlu PBK ile karşılaştırıldığında daha verimli yeni bir cerrahi prosedürdür. Ayrıca, daha az zaman almakta ve belirgin komplikasyonlara yol açmayarak ekonomik olarak da etkinlik sağlamaktadır.

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