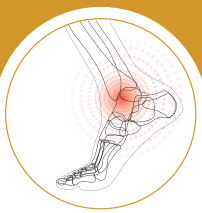

BÖLÜM 5.3

Posterior Malleol Kırıkları

Murat BAKIR[1]

GİRİŞ

''Posterior malleol" tanımlaması ilk olarak 1911 yılında Destot tarafından yapılmıştır (1). Posterior malleol (PM) kırıkları, tüm ayak bilek kırıklarının %7 ila 44'ünü oluşturmaktadır (2,3). Genellikle oluş nedeni rotasyonel ayak bilek travmalarıdır. Hem supinasyon hem de pronasyon tipi yaralanmalarda görülebilir bu nedenle genellikle trimalleolar kırıklara eşlik etmektedirler (4). Ancak %1 oranında plantar fleksiyonda ve aksiyel yüklenme ile oluşan travmalar sonrasında izole olarak da görülebilmektedirler (5).

PM kırıkları ile ilgili giderek artan sayıda çalışmaya rağmen, en iyi tedavi konusunda hala bir fikir birliği yoktur (6-9). Bununla birlikte, son zamanlarda bilgisayarlı tomografi (BT) görüntülemenin daha sık kullanılmasıyla, ayak bileği kırığı paternleri daha iyi anlaşılmıştır. Bunun sonucu olarak tedavide daha çok bireyselleştirilmiş yaklaşımlar kullanılmaya başlamıştır (10-13).

Posterior inferior tibiofibular bağ (PITFL), superior oblik ve inferior transvers parçalardan oluşur (6). Tibiofibular sindesmozun toplam gücünün %42'sini sağlar (14). PM kırıklarında bu sindesmos eklemi bozulmaktadır. Bu nedenle ayak bileğinin fizyolojik hareketi bozularak dejenerasyon için risk faktörü oluşturmaktadır. Ayak bilek kırıklarında PM komponentinin bulunması prognozu kötü yönde etkilediği ortaya konulmuştur (2,15-17).

[1] Uzm. Dr., Sultan 2. Abdülhamid Han Eğitim ve Araştırma Hastanesi, Ortopedi ve Travmatoloji Kliniği, dr.murat.bakir1991@gmail.com

mm'den fazla deplasmanı olan PM kırıklarında kötü klinik sonuçlar gösterilmiştir (47,55).

Distal tibia kırıklarında posterior pilona uzanan kırık mevcut ve intramedüller çivi planlaması yapılıyorsa öncelikle PM tespiti yapılmalıdır (56). Ayrıca intramedüller çivi yapılacak hastada PM kırığı pilondan 31 mm proksimale uzanıyorsa deplasman olasılığının fazla olduğu gösterilmiştir (57).

SONUÇ

Çok sayıda klinik çalışmaya rağmen, çoğunlukla retrospektif tasarımları, kırık anatomisini ve redüksiyonu sadece radyografi kullanarak değerlendirmeleri ve tek tip tedavi eksikliği nedeniyle kanıtlar sınırlıdır. Bu nedenle, PM kırıkları tanı ve tedavisinde kanıta dayalı rehberler sunmak günümüzdeki verilerle zor görünmektedir. Güncel yaklaşımda BT ve 3B-BT ile değerlendirmenin, tanı ve tedavi planlamasında önerilmektedir. PM kırıklarının ayak bileği sindesmos stabilitesinde önemli olduğu ve anatomik redüksiyon ile eklem restorasyonu sağlanan hastalarda daha iyi klinik sonuçlar sağladığı unutulmamalıdır.

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