

BÖLÜM 6.3



Talus Boyun Kırıkları

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GİRİŞ

Talus kırıkları seyrek görülen yaralanmalar olmakla birlikte yönetimi zor olabilen ve komplikasyon riskinin yüksekliği sebebiyle tatmin edici sonuçlar almanın zorlaşabildiği kırıklardır. Talus kırıkları tüm kırıkların yaklaşık olarak %1'inden biraz daha azını oluşturmaktadır (1). Talar boyun kırıkları ise talus kırıklarının yaklaşık %50'sini oluşturmaktadır (2). Bununla birlikte trafik kazalarında yolcu güvenliğini artırıcı önlemlerin hayatta kalma oranını artırmasının talus kırığının görülme oranını artırması beklenmektedir (3).

İmplantasyon teknikleri ve anatomi bilgileri zamanla artmıştır. Ancak bu kırığın nadir görülmesi nedeniyle kalitesi yüksek literatürün azlığı, kanıta dayalı tedavi stratejilerinin gelişimini kısıtlayan önemli bir engel olarak önümüzde durmaktadır. Optimal bir tedavide bile karmaşık yapıya sahip çoklu eklemlaşmelerin varlığı ve zayıf kan akışı kabul edilebilir sonuçlara ulaşmayı zorlaştırmaktadır.

Fabricius 1608 yılında talus kırığını ilk olarak tanımlayanlardan biri olup o dönemde talus kırıkları talektomi ile tedavi edilmekteydi (4). 1919'da Anderson tamamı pilotlardan oluşan 18 vakalılık bir talar boyun kırık ve çıkık serisinde kırığı tanımlamak için "aviator's astragalus" terimini kullanmıştır (4).

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cilde bası yapan çıkıklarda acil redüksiyon uygulanarak yumuşak doku gerginliğini rahatlatmak gerekmektedir. Ayrıca talus ekstrezyonlarını içerenler daha fazla olmak üzere, açık kırıklar yüksek enfeksiyon oranlarıyla ilişkilidir ve hızla cerrahi debridman ile yıkama uygulamayı gerektirir (21,23,32).

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