

BÖLÜM 7.2



Eklem-içi Kalkaneus Kırıkları

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GİRİŞ

Kalkaneus kırıkları, tarsal kemik kırıkları arasında en sık görülen kırıklardır (1-3). Kalkaneus kırıkları, erişkin kemik kırıklarının %1 ile %4'ünü oluşturmaktadır (1-3). Bu kırıkların kabaca %75'i eklem içi kırıklardır (2, 4, 5). Bu kırıklar çoğunlukla genç erkekleri etkilemektedir (1).

Eklem-içi kalkaneus kırıkları ilk olarak 1843 yılında Malgaigne tarafından tanımlanmıştır (1, 6). Radyoloji alanındaki gelişmeler ile birlikte bu kırıkları anlamamız kolaylaşmıştır (1). Eklem-içi kalkaneus kırıkları, yüksekten düşme veya trafik kazaları sonrasında meydana gelen aksiyel yüklenme sonucunda meydana gelmektedir (2, 5). Eklem-içi kalkaneus kırıklarında iki kırık hattı vardır. Kalkaneusu sagittal planda anteromedial ve posterolateral olarak ikiye ayıran makaslama kuvveti ile oluşan kırık bir kırık hattıdır. Tibianın aksiyel yüklenmesi sonucunda talusun lateral çıkıntısının Gissane açısının tepe noktasına çarpmasıyla posterior eklem yüzünde meydana gelen ve kalkaneusu koronal planda ön ve arka olmak üzere iki parçaya ayıran kompresif kuvvetlerin etkisi ile oluşan kırık bir diğer kırık hattıdır (7-10). Eklem-içi kalkaneus kırıklarında yukarıda bahsettiğimiz iki temel kırık hattı dışında travmaya neden olan kuvvetin büyüklüğü ve travma anında ayağın duruş şekli ilave kırıklarda görülebilir (9, 10). Genellikle, eklem-içi kalkaneus kırıklarında, kırık parçanın veya parçaların deplasmanı, kalkaneusta yükseklik kaybı ve kırık parçaların birbirlerinde ayrılmasına bağlı olarak topukta genişleme meydana gelir (9, 10).

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düksiyon ve internal tespit uygulanan hastalara, kendi kliniğimizde mutlaka negatif basınçlı dren uyguluyoruz. Bu drende gelen sıvı günde 10 ml'nin altına düştüğünde çekiyoruz (31, 73). Hastaların ameliyat sonrasında 6. haftada kısmi yük vererek basmasına izin verilir ve 12. haftasında tam yük vererek basmasına izin verilir (31, 69, 73, 88).

SONUÇ

Eklem-içi kalkaneus kırıkları, yüksek enerjili travmalardan sonra meydana gelen ağır yaralanmalardır. Tedavi stratejisi ister konservatif olsun ister cerrahi olsun ciddi komplikasyonlarla birliktelik göstermektedir. Sanders Tip I kırıklarının tedavisinde konservatif yöntemlerin başarılı olduğu konusunda dünya çapında görüş birliği mevcuttur (2). Sanders Tip IV veya çok parçalı eklem-içi kalkaneus kırıklarda ise ARİT veya subtalar artrodez seçenekleri mevcuttur (3). Eklem-içi kalkaneus kırıkları tedavisinde, yumuşak doku nekrozu sıklıkla karşılaşılan bir komplikasyondur. Bu konuda dikkatli olmak gerekir. Cerrahi zamanlama için ödemin veya bülün geçmesi mutlaka beklenmeli ve cilt kırıklık testinin pozitif olması gerekir. Hastaların ameliyat sonrasında 12. haftaya kadar tam yük vermemesi teşvik edilmelidir.

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