BÖLÜM 4

Obezite ve Üst Ekstremite Hastalıkları

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Giriş

Yağ dokusu miktarında artış olarak tanımlanan obezite, karmaşık, çok faktörlü bir hastalıktır . Dünya çapında obezite prevalansı 1980'den beri ikiye katlanmıştır, öyle ki dünya nüfusunun yaklaşık üçte biri artık aşırı kilolu veya obez olarak sınıflandırılmaktadır (1). Obezite vücudun neredeyse tamamında fizyolojik fonksiyonları olumsuz etkiler ve önemli bir halk sağlığı tehdidi oluşturur. Diabetes mellitus, çeşitli kanser türleri, bir dizi kas-iskelet sistemi bozuklukları ve kötü ruh sağlığı gibi birden çok hastalık durumu geliştirme riskini artırır (2-6). Bunların tümünün yaşam kalitesi, iş verimliliği ve sağlık harcamalarında olumsuz etkileri bulunmaktadır. Obezite oranları, coğrafi bölge, etnik köken veya sosyoekonomik duruma bakılmaksızın her yaşta ve her iki cinsiyette artmaya devam etmektedir.

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Obez hastalarda artan kan hacmi nedeniyle karpal tünelde doku basıncında yükselme olmaktadır. Karpal tünel hidrostatik basıncındaki sürekli artış, lokal iskeminin sebebidir. İskemi, demiyelinizasyon ve akson kaybı ile sonuçlanan median sinir hasarına neden olabilir. Ek olarak sürekli basınçla sinoviyal doku etrafında ve kanalda fibrozis ve kalınlaşma meydana gelmektedir (46).

Sonuç

Obezite sadece vücuttaki yağ miktarındaki artış ve buna bağlı kilo artışı olarak değerlendirilemez. Yağ dokusu bir endokrin organ gibi çalışan ve vücutta birçok düzenleyici görevi olan hormon benzeri madde salgılamaktadır. Salgılanan bu hormon benzeri yapıların vücutta farklı düzenleyici etkileri olmakla birlikte kas iskelet sistemi üzerinde olumsuz etkileri daha belirgindir. Diğer yandan obez hastalarda kas iskelet sistemi rahatsızlıklarının tedavileri daha güç, cerrahi riskleri ve komplikasyon oranları daha yüksek; başarı sansları ise daha düşük olmaktadır.

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