

BÖLÜM 5

Obezite ve Kalça

Ahmet Atilla ABDİOĞLU¹

Giriş

Son yıllarda sürekli artış gösteren obez insan popülasyonu nedeniyle bu durumun insan vücudundaki etkilerinin incelenip bu etki sonuçlarının ortaya çıkarılması daha da önem kazanmaktadır. Bu bölümde vücutun büyük eklemlerinden olan ve ciddi yüze maruz kalan kalça eklemine obezite etkisi değerlendirilmişdir.

Kalça Eklemi Anatomisi

Femur başı ile pelvisin asetabulum kısmı arasındaki top ve soket tipinde bir eklemdir (1). İskium, ilium ve pubis kemiklerinin birleşmesi ile asetabulum oluşur. Asetabulum eklem yüzü ortasında sinovyal doku bulunan at nalına benzeyen kıkırdak yapı ve çevresinde labrum adı verilen fibrokıkırdak yapı bulunur. At nalının uçları transvers asetabuler ligament ile birleşir. Asetabulum

¹ Uzm. Dr., Trabzon Fatih Devlet Hastanesi, Ortopedi ve Travmatoloji Kliniği,
ahmetatilla@hotmail.com

Kaynaklar

1. Thomas Byrd JW. Gross anatomy. In: Thomas Byrd JW, editor. Operative Hip Arthroscopy, 2nd ed. New York: Springer Science Business Media, Inc; 2005. p.100-9.
2. Byrne DP, Mulhall KJ, Baker JF. Anatomy & biomechanics of the hip. The Open Sports Medicine Journal 2010;4(1):51-57.
3. Hamill J, Knutzen KM. Biomechanical Basis of Human Movement, 3rd ed. Baltimore: Lippincott Williams & Wilkins; 2009. p.187-254.
4. Turgut A. Kalça eklemi anatomisi ve biyomekaniği. TOTBİD Dergisi 2015; 14:27-33.
5. Pauwels F. Biomechanics of the Locomotor Apparatus: Contributions on the Functional Anatomy of the Locomotor Apparatus. Berlin: Springer-Verlag; 1980.
6. Nordin M, Frankel VH. Basic Biomechanics of the Musculoskeletal System 3rd ed. Baltimore: Lippincott Williams & Wilkins; 2001. p.203-21.
7. Af. Brinckmann P, Frobin W, Leivseth G. Musculoskeletal Biomechanics. Stuttgart: Thieme; 2002. p.69-84.
8. Ag. Neumann DA. Hip abductor muscle activity as subjects with hip prostheses walk with different methods of using a cane. Phys Ther 1998;78(5):490-501.
9. As. Mesci E. Obesity and fragility fractures. Medeniyet Medical Journal 31(1):58-64, 2016.
10. At. . Premaor MO, Comim FV, Compston JE. Obesity and fractures. Arq Bras Endocrinol Metabol 2014;58:470-7.
11. Au. Compston JE, Watts NB, Chapurlat R, et al. Obesity is not protective against fracture in postmenopausal women: GLOW. Am J Med 2011;124:1043-50
12. Av. Premaor MO, Pilbrow L, Tonkin C, et al. Obesity and fractures in post-menopausal women. J Bone Miner Res 2010;25:292-7
13. Ay. Caffarelli C, Alessi C, Nuti R, Gonnelli S. Divergent effects of obesity on fragility fractures. Clin Interv Aging 2014;9:1629-3
14. Az. Johansson H, Kanis JA, Odén A, et al. A meta-analysis of the association of fracture risk and body mass index in women. J Bone Miner Res 2014;29:223-33
15. Ba. . Ishii S, Cauley JA, Greendale GA, et al. Pleiotropic effects of obesity on fracture risk: the study of women's health across the nation. J Bone Miner Res 2014;29:2561-70.
16. Bc. Gonnelli S, Caffarelli C, Nuti R. Obesity and fracture risk. Clin Cases Miner Bone Metab 2014;11:9-14.

17. Bd. . Gnudi S, Sitta E, Lisi L. Relationship of body mass index with main limb fragility fractures in postmenopausal women. *J Bone Miner Metab* 2009;27:479–84.
18. Be. . Beck TJ, Petit MA, Wu G, et al. Does obesity really make the femur stronger? BMD, geometry and, fracture incidence in the women's health initiative-observational study. *J Bone Miner Res* 2009;24: 1369–79
19. Ar. Huschak G, Busch T, Kaisers UX. Anestezi ve yoğun bakımda obezite. *En İyi Uygulama Res Clin Endocrinol Metab* 2013; 27:247–260.
20. Ae. Bourne R, Mukhi S, Zhu N, Keresteci M, Marin M. Role of obesity on the risk for total hip or knee arthroplasty. *Clin Orthop Relat Res*. 2007 Dec;465:185–8.
21. Changulani M, Kalairajah Y, Peel T, Field RE. The relationship between obesity and the age at which hip and knee replacement is undertaken. *J Bone Joint Surg (Br)* 2008;90-B:360–363
22. McLaughlin JR, Lee KR. The outcome of total hip replacement in obese and nonobese patients at 10- to 18-years. *J Bone Joint Surg (Br)* 2006;88-B:1286–1292.
23. Aj. Jackson MP, Sexton SA, Yeung E, et al. The effect of obesity on the mid-term survival and clinical outcome of cementless total hip replacement. *J Bone Joint Surg (Br)* 2009;91-B:1296–1300.
24. Ak. Malinzak RA, Ritter MA, Berend ME, et al. Morbidly obese, diabetic, younger, and unilateral joint arthroplasty patients have elevated total joint arthroplasty infection rates. *J Arthroplasty* 2009;24(Suppl):84–88.
25. Am. Grant JA, Viens N, Bolognesi MP, Olson SA, Cook CE. Two-year outcomes in primary THA in obese male veterans administration medical center patients. *Rheumatol Int* 2008;28:1105–1109
26. An. Dowsey MM, Choong PF. Obesity is a major risk factor for prosthetic infection after primary hip arthroplasty. *Clin Orthop Relat Res* 2008;466:153–158.
27. Ao. Namba RS, Paxton L, Fithian DC, Stone ML. Obesity and perioperative morbidity in total hip and total knee arthroplasty patients. *J Arthroplasty* 2005;20(Suppl):46–50
28. Ap. Rajgopal R, Martin R, Howard JL, Somerville L, Macdonald SJ, Bourne R. Outcomes and complications of total hip replacement in super-obese patients. *Bone Joint J* 2013;95-B:758–63.
29. Bf. Moskal JT, Topping RE, Franklin LL. Hypercholesterolemia: An association with osteonecrosis of the femoral head. *Am J Orthop (Belle Mead NJ)*1997;26:609-12.
30. Bg. Zhao DW, Yu M, Hu K, Wang W, Yang L, Wang JW, Gao XH et al. Chinese Medical Journal. November 5, 2015 Volume 128 Issue 21