

BÖLÜM 15

KASIK BÖLGESİ SAKATLIKLARI

Övgü BIÇKICI¹

Giriş

Sporcularda kasık bölgesi ağrısı anterior alt abdomen, inguinal bölgeler, adduktor bölgeler, perine, kalça ve uyluğun üst anteriorunu kapsar (1). Akut ve uzun süreli kasık ağrısı sık görülen ve sporcunun sportif aktivitelerden uzak kalmasına yol açan bir problemdir (2). Spor yaralanması kaynaklı ağrılarının %2-5'i kasık bölgesiyle alakalıyken tenis ve profesyonel futbol oyuncularında bu oran %5-18'dir (3). Özellikle alt karın ve proksimal uyluk kaslarının aşırı kullanımını gerektiren topa vurma, tekmeleme, bükme, hızlı akselerasyon-deselerasyon, ani yön değişimleri ve paten gibi kayma hareketlerini içeren sporlarda risk artmaktadır.

Futbol, buz hokeyi, Amerikan futbolu, ragbi, kriket, askeri eğitimler, basketbol, beyzbol, tenis, yüzme ve uzun mesafe koşuları kasık yaralanmasının sık görüldüğü sporlardır (4, 5). Geçmişte kasık yaralanmasının varlığı, yüksek düzeyli oyunlar, kalça abduktörlerine kıyasla adduktörlerin zayıflığı, spora özgü eğitiminin azlığı, ileri yaş, vücut ağırlığı, boy veya vücut kitle indeksinin yüksekliği, kalça eklem hareket açıklığının azlığı risk faktörleri olarak bulunmuştur (6). Ayrıca erkek futbol oyuncularında kadınlara göre risk daha fazla saptanmıştır (7).

Kasık bölgesi anatomisinin kompleksliği ve ayırıcı tanının fazla olması nedeniyle teşhis zor olabilmektedir (8). Kasık ağrısı kalça ve kasık bölgesinin kompleks anatomisini oluşturan pubik kemikler, pubik simfizis, kaslar, tendonlar, aponevrozlar, ligamentler, inguinal kanal ve kalça eklemine biri veya birkaçı kaynaklı olup akut ya da kronik olabilmektedir (Şekil 1, 2) (1, 3). Ayrıca kasık ağrısının

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