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GİRİŞ

Tüm travmaların %5-40'ını boyun travmaları oluşturur. Boyun travmalarının yüksek oranda morbidite ve mortalite potansiyeli bulunur. Çünkü boyunda bulunan birçok hayati yapının hasarlanma riski vardır (1-3). Küçük olduğu düşünülen yaralanmalar bile hızla hayatı tehdit eden acil durumlara dönüşebilir. Boyun travması olan hastanın yönetimi zorluklar içerebilir ve multidisipliner yaklaşım gerektirir (4). Boyun yaralanması tedavisine ilişkin uluslararası fikir birliği olan bir kılavuz yoktur. Genel olarak boyun bölgelerine dayalı olan ve olmayan hasta yönetimi ve seçilmiş hastaların konservatif yönetimine dayanan tedavi yöntemleri vardır (1).

ANATOMİ

Boyun; baş ve gövde arasında yer alan, çok sayıda vasküler, nöral, solunum ve sindirim yapıları içeren kompleks bir anatomik bölgedir. Primer iskelet yapısını servikal vertebral kolon oluşturur. Tiroid ve paratiroid bezleri de barındırır. Boyun travmalarının iyi anlaşılması ve doğru yönetilebilmesi için boyun anatomisine hakim olmak gerekir (5).

BOYUN BÖLGELERİ

Boynun çok sayıda anatomik sınıflandırması yapılmıştır. Geleneksel sınıflamada boyun sternokleidomastoid kası tarafından ayrılan ön ve arka üçgenler olarak tanımlanır. Ön üçgeni; ortada boyun orta hattı, üstte mandibulanın alt kenarı ve

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