



BÖLÜM 14

OSTEOARTRİTİN OMUZ TUTULUMU

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OSTEOARTRİTİN TANIMI VE EPİDEMİYOLOJİSİ

Osteoartrit (OA); genellikle ileri yaş bireylerde görülen, eklem kıkırdağında dejenerasyon, osteofitik yeni kemik oluşumları ve subkondral dokunun sklerozu ile seyreden bir artiküler hastalıktır. Genetik, biyomekanik, biyokimyasal, çevresel etkenler başta olmak üzere birçok etken OA gelişiminde rol oynar ve bu durum OA'yı multifaktöriyel kompleks bir hastalık olarak nitelendirmemize sebep olur. Eklem tutulumu görülen hastalıklar arasında en sık görüleni OA'dır. Fiziksel ve fonksiyonel kısıtlanmanın en önemli sebeplerinden biri olarak OA görülür. Kısıtlanmanın yanı sıra ağrı da OA hastalarından büyük bir problem olarak göze çarpmaktadır. Hem bu sebeplerden hem de insanların yaşam süresinin son yıllarda artış göstermesinden ötürü OA önemli bir halk sağlığı problemi haline gelmiştir (1-3).

OA'nın görülme sıklığı ile ilgili birçok araştırma yapılmaktadır. Ancak çok sayıda sınıflama kriterinin bulunması ve bunların bir kısmının radyolojik bir kısmının ise klinik bulgulardan oluşması sebebiyle çalışmalar çok çeşitli sonuçlar doğurmuştur (4). Dünya üzerinde yaklaşık 528 milyon kişinin OA'dan etkilendiği tahmin edilmektedir.

Amerika Birleşik Devletleri'nde ise 1990 yılında 29 milyon, 2010'da 40 milyon olan bu rakamın 2020 yılı itibariyle 52 milyona ulaştığı tahmin edilmektedir (5).

OSTEOARTRİTTE RİSK FAKTÖRLERİ

OA kesin bir nedene bağlanamayan bir hastalıktır. Yıllardır süregelen çalışmalarda risk faktörleri ve patogeneze ilgili yeni ipuçlarına ulaşılmıştır. Risk faktörleri lokal ve sistemik faktörler olarak sınıflandırılabilir. Sistemik faktörler yaş, cinsiyet, ırk, komorbid hastalıklar ve alışkanlıkları içerirken, lokal faktörler direkt eklem mekanizmasını etkileyen durumlardan oluşmaktadır (6).

Yaş

OA genellikle ileri yaş hastalığı olarak tarif edilir ve yaşlanma OA'nın temel risk faktörlerinden biridir (7). Yaşlanma; kas, tendon kemik, kıkırdak ve sinovyal dokuda birçok değişikliğe ve hasara sebep olabilir. Eklem kartilajında oksidatif hasar, kalsiyum pirofosfat dihidrat (CPPD) gibi madde birikimleri sonucu oluşan kondrokalsinozis, kondrosit disfonksiyonu gibi durumlar eklemi

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yapılan hastalarda vizüel ağrı skorunun düştüğü ve %15 gibi bir komplikasyon oranı olduğu gösterilmiştir (106). Özellikle rotator manşet artropatisi ve primer glenohumeral OA tedavisinde, bikonkav glenoidleri veya şiddetli glenoid kemik kaybı olan yaşlı hastalarda ters protezler kullanılmaktadır (107).

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