BÖLÜM 17

OMUZDA TUZAK NÖROPATİLERİ

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GİRİŞ

Omuz çevresinde görülen tuzak nöropatiler, omuz çevresinde bulunan supraskapular, dorsal skapular, spinal, uzun torasik ve aksiller sinirlerin fibro-osseoöz bir tünelden geçerken mekanik ve dinamik kompresyona uğramasına sekonder gelişir. Hareket kısıtlılığı, ağrı, güçsüzlük kliniği bulgusu veren omuz tuzak nöropatileri nadir görülmekle birlikte ayırıcı tanıda akılda tutulmalıdır (1).

SPİNAL AKSESUAR SİNİR

Anatomi

Spinal Aksesuar Sinir Anatomisi

Spinal aksesuar sinirin internal ve eksternal dalı bulunmaktadır. Eksternal parçası spinal kordun C1-C5 segmentinden ve internal parçası bulbustan çıkıp kafa içinde birleşerek aksesuar siniri oluşturur. Foramen jugulareden geçen aksesuar sinir öncelikle sternokleidomastoid kasını sonra arka boyun üçgenine girip trapez kasını innerve eden motor sinirdir. Trapez kasının üst lifleri skapulayı süperiora, alt lifleri inferiora, orta lifleri vertebralara doğru çeker. Sternokleidomastoid kas, çift taraflı kasıldığında servikal fleksiyon yaptırır. Tek taraflı kasıldığında başı kendi tarafına, yüzü karşı tarafa çevirir (1-3).

Etyoloji

Posterior boyun üçgenine girerken yüzeyel seyreden spinal aksesuar sinir yaralanmalar açısından risk taşır. Spinal aksesuar sinir hasarı en sık posterior servikal bölgeye yapılan cerrahi girişimler sonrası görülür. Travmalar, omuza ağır yük yüklenmesi, juguler foramen tümörleri, akromioklaviküler eklem çıkığı, motor nöron hastalıkları, poliomiyelit ve siringomiyeli spinal aksesuar sinirde hasar oluşturabilen diğer sebepler arasında yer alır (4-6).

Klinik

Spinal aksesuar sinir hasarı oluşan kişilerde en önemli semptom, omuzun uzun süreli kullanımıyla ortaya çıkan ağrıdır. Ağrıya güçsüzlük de eşlik edebilir. Ağır yük kaldırma, yazı yazma, kesme ve doğrama işlemleri ile baş üzeri aktiviteleri yapmakta hastalar zorlanırlar. Bakılan fizik muayenede hastaların trapez kaslarında atrofi, omuz kuşağında düşüklük, skapulada kanatlaşma

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