

Bölüm 11

PERİPROSTETİK KALÇA KIRIKLARINDA TEDAVİ SEÇENEKLERİ

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GİRİŞ

Periprotetik femur veya asetabulum kırıkları total kalça protezi ve hemiarthroplasti ameliyatı sırasında veya sonrasında oluşabilir. Bu kırıkların tedavisi ortopedistleri zorlamaktadır. Son yıllarda çimentosuz asetabular ve femoral komponentlerin presfit olarak yaygın kullanılması bu kırıkların gelişme riskini arttırmıştır. Kalça artroplastisine bağlı kırıklar daha çok femur kırığı şeklinde görülür ve genellikle tedavi gerektirir. Asetabulum kırıkları da sık olarak görülür fakat klinik veya radyolojik bulgu vermez.

1-PERİPROSTETİK FEMUR KIRIKLARI

Periprotetik femur kırıkları ameliyat sırasında ya da sonrasında oluşabilir. Bu kırıkların tanısının doğru bir şekilde konulması ve tedavi edilmesi hastanın yaşam kalitesini arttırmak için oldukça önemlidir.

Femur kırığı, ameliyatın birçok aşamasında gelişebilir. Ameliyatın erken aşamalarında femur başının çıkartılması sırasında, ilerleyen aşamalarda femurun raspanması sırasında, femoral stemin uygulanması sırasında ve kalçanın yerleştirilmesi sırasında oluşabilir. Ameliyatta osteoporoz, osteomalazi, romatoid artrit, osteogenezis imperfekta gibi metabolik ve femurun delinmesi, revizyon cerrahisi, patolojik kırık zemininde yapılan ameliyatlara, çimentosuz implant uygulanması, implant kemik uyumsuzluğu gibi lokal faktörler femur kırığı riskini arttırmaktadır (1).

Ameliyatta kırıkların çimentosuz bileşenlerde 14 kat fazla olduğu ve 65 yaş üstü kadınların daha fazla risk altında olduğu bildirilmiştir (1-5).

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Sonuç olarak B2 ve B3 kırıklarda öncelikle plak vida ile stabil bir arka kolon fiksasyonu ve kemik greftlemesi sonrası stabil bir asetabuler fiksasyonu önerilir.

Tip A Kırıklar

Kalça protezinden bağımsız kırıklardır ve tedavisinde kısmi yük verdirme ile ameliyatsız takip edilirler

Tip C Kırıklar

Bu kırıklar kalça protezinden uzaktadır ve implant stabilitesini etkilemez. Bu kırıklar genellikle osteoporotik kırıklardır nadiren yüksek enerjili travmalar sonrası oluşabilir. Literatürde bu kırıklarla ilgili bildirilmiş çalışma yoktur.

Tip D Kırıklar

İki kalça protezi arasındaki pelvis kırıklarında her bir protezi ayrı ayrı değerlendirerek ayrı ayrı müdahale etmek gerekir.

Tip E Kırıklar

Kalça protezinin her iki tarafında da kırık vardır. Bu kırıklarda her iki kırık ayrı ayrı analiz edilir.

Tip F Kırıklar

Hemiartroplasti sonrası karşılaşılan asetabulum kırığıdır. Kırık hafif derecede yer değiştirmişse ameliyatsız olarak takip edilmeli, ileride ağırlı bir kalça eklemi olursa total kalça protezi ile yenilenmelidir. Yer değiştirmiş bir kırıkta içten tespit uygulanmalıdır. Total kalça protezine revize edilmesi gerekirse kırık kaynadıktan sonra yapılmalıdır.

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