

KARPAL TÜNEL SENDROMU

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4. BÖLÜM

GENEL BİLGİLER

Tuzak nöropatiler, periferik sinirin dar bir alandan geçerken ortaya çıkan hasarı ve kompresyonu olup, en sık karşılaşılan mononöropatilerdendir. Karpal tünel sendromu (KTS) en sık görülen üst ekstremité tuzak nöropatisidir [1]. Median sinirin el bileğinde; transvers karpal ligament, median sinir ve dijital fleksör tendonları içeren karpal tünel olarak bilinen kanalda sıkışmasıyla ortaya çıkar (Şekil 1) [1].

Anatomi

Median sinir anatomisi şekil 1 ve 2'de gösterilmiştir. Median sinir medial fasikülden ayrılan medial radiks nervi mediani (C8, T1) ve lateral fasikülden ayrılan lateral radiks nervi medianinin (C5-C7) aksiller fossada birleşmesiyle oluşur. Aksiller fossadan sonra brakial arter ile birlikte bisipital aponevrozun altında distale doğru ilerler. Bu seviyeye kadar median sinirin duyuşal veya kas innervasyonu yoktur [2]. Dirsek seviyesinde, bisipital aponevroz altındaki median sinir dalları pronator teres, fleksör karpi radialis, fleksör digitorum sublimis ve palmaris longus kasları dahil olmak üzere ön kolun çeşitli proksimal kaslarının innervasyonunu sağlar. Median sinir bisipital aponevrozdan çıkarken pronator teres kasının derin ve yüzeysel başının arasından geçerek anterior interosseöz sinir dalını verir. Anterior interosseöz sinir ayrıldıktan sonra derine doğru ilerler ve fleksör policis longus, pronator quadratus ve fleksör digitorum profundus (median) kaslarını innerve eder [3].

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