

ÜST EKSTREMİTELERİN TUZAK – KOMPRESYON MONONÖROPATİLERİNDE TEDAVİ

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15. BÖLÜM

GENEL BİLGİLER

Tuzak nöropatileri, periferik sinirlerin anatomik seyri boyunca baskıya maruz kalması sonucu ortaya çıkan motor, duyu ve otonom defisitlerle karakterize hastalık tablosudur. Genellikle periferik sinirin baskıya uğradığı anatomik yapı veya bölgeye göre isimlendirilir ve en sık üst ekstremitelerde görülür. Tanıda en yardımcı yöntem fizik muayene bulgularını destekleyen elektrofizyolojik incelemeler olup, radyolojik incelemeler ve bazı yardımcı testler de (Tinel testi, Phalen testi, v.b.) tanıyı destekleyici yöntemler olarak kullanılmaktadır. Tedaviyi belirleyen ana unsur etiolojideki neden ve sinir hasarının boyutudur. Tedavide erken dönemde, yakınmaları hafif veya orta şiddette olan olgularda öncelikle konservatif tedavi yöntemleri tercih edilir. Kronik veya bulguları ağır olgularda cerrahi tedavi uygulanmalıdır. Bu bölümde üst ekstremitte tuzak mononöropatilerinin tedavilerinden söz edilecektir.

MEDIAN SINİRİN TUZAK – KOMPRESYON NÖROPATİLERİNDE TEDAVİ

Median sinir nöropatileri, üst ekstremitteyi içeren en sık görülen sinir tuzaklanmaları arasındadır. En fazla görülen tuzak nöropati, karpal tünel sendromu (KTS) olup median sinirin el bileği düzeyinde fleksör retinakulum altında sıkışmasıdır. Median sinir karpal tünelin dışında, ön kolda daha proksimal bölgelerde tuzaklanabilir (Anterior interosseöz sinir sendromu, pronator teres sendromu, Struthers ligamanı sendromu gibi).

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