



Buğra ŞAHİN¹

GİRİŞ

Osteoporoz azalmış kemik kütlesi, kemik yapım-yıkımında bozulma ve kırılabilirlik artışı olan bir durumdur. Kemik gerilimindeki azalma kemik mineral dansitesinden (KMD) başka kemik yapım ve yıkım hızı ve kemiğin boyutu, şekli ve mimarisi gibi bir çok faktörle alakalıdır (1).

Dünya Sağlık Örgütü (DSÖ) osteoporozu, KMD ölçümlerinde T-skorunun, genç sağlıklı yetişkin ortalama KMD değerlerine göre -2,5'dan fazla sapması olarak tanımlamaktadır (2). Tablo 1'de ayrıntılı olarak gösterilmiştir. Osteoporozda mineral/ matriks oranı normal olmakla birlikte kemik kitlesinde aşağı doğru kayma söz konusudur. Osteopeni ise radyografik olarak azalmış kemik mineral içeriğinin görüntüsüne verilen isimdir.

Amerika'da ve Avrupa'daki tüm postmenopozal kadınların yaklaşık %30'unda osteoporoz bulunmaktadır (3). Her üç kadından biri ve her beş erkekten birinin osteoporozla ilgili kırık riski olduğu ve her üç saniyede bir osteoporotik kırık geliştiği bildirilmektedir (4). Yaş, en önemli faktördür. Trabeküler kemik kaybı 20 yaşında, kortikal kemik kaybı ise 30 yaşında başlar ve 40 yaşından sonra rezorpsiyon hızı %0,5/yıl olur. Osteoporozla ilgili kırık prevalansı 50-59 yaş arası kadınlarda %4 iken, bu oran 80 yaş üstünde %52'ye kadar çıkmaktadır (5). Osteoporotik kırıkların dağılımı yaşlara göre değişmektedir. 50'li yaşlarda radius distal uç kırığı ilk belirti olarak görülürken, 60-75 yaş arası vertebral kompresyon kırıkları, 70'li yaşların sonlarına doğru ise kalça kırıkları ilk belirti olarak ortaya çıka-

Tablo 1: KMD ölçümüne göre osteoporozun tanımı

Sınıflandırma	KMD	T-skoru
Normal	Genç erişkinine göre 1 SD'nin altında	-1,0 ve üstü
Osteopeni (Düşük kemik kütlesi)	Genç erişkinine göre 1 SD ile 2,5 SD arasında	-1,0 ile -2,5 arası
Osteoporoz	Genç erişkinine göre 2,5 SD'den fazla	-2,5'den düşük
Yerleşmiş osteoporoz	Genç erişkinine göre 2,5 SD'den fazla	-2,5'den düşük ve bir veya daha fazla kırık var

¹ Uzm. Dr. Buğra ŞAHİN, Turhal Devlet Hastanesi Kadın Hastalıkları ve Doğum Bölümü, Raaakun@gmail.com



14. Tedaviye başlanmasından 1-2 yıl sonra, kemik mineral dansitometresi vertebra ve kalçadan DXA yöntemi ile tekrardan saptanmalıdır.
15. İlaçların alımı, emilimi veya etkinliği ile ilgili problem olduğunda, kemik yapım-yıkım belirteçleri tedavinin başlanmasından sonra 3-6 ay ara ile tekrarlanmalıdır.

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