

KOMPARTMAN SENDROMUNDA ACİL FASYOTOMİ İLKELERİ

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GİRİŞ

Kompartman sendromu (KS), kas gruplarını çevreleyen fasyal yapılar içindeki basınç artışıyla karakterize, doku perfüzyonunu hızla bozan ve geri dönüşsüz kas-sinir-damar hasarına yol açabilen yaşamsal bir tıbbi acildir (1).

Acil tıp pratiğinde nadir görülmesine rağmen, tanı ve yönetiminin zamana duyarlılığı nedeniyle kritik öneme sahiptir.

Gecikmiş veya yetersiz müdahale, ekstremitte kaybına kadar gidebilen fonksiyonel kayıplara yol açabilir (2). Tanı koymak özellikle bilinci kapalı, koopere olmayan veya politravmalı hastalarda zordur; bu grup vakaların %10-20'sinde cerrahi sırasında debridman gerektiren kas nekrozu saptanır (3).

Başlıca travmatik nedenler arasında yüksek enerjili kırık / dislokasyonlar ve crush sendromu yer alırken; minör yaralanmalar, proksimal arter oklüzyonu, uzamış eksternal basınç, yoğun egzersize bağlı kas yorgunluğu, Baker kisti rüptürü, ilaç toksisiteleri (amfetamin, statinler, antikoagülanlar vb.) ve kanama diyatezli hastalarda spontan intramusküler hemoraji gibi nontravmatik etiyolojiler de tabloya neden olabilir. Rabdomiyoliz yaparak sendromu tetikleyen ilaçlar (amfetamin, kokain, hidrokarbonlar, antidepresanlar, antipsikotikler, statinler, antimalaryaller, antikoagülanlar, etanol, HIV ilaçları, trombolitikler, nonsteroid antienflamatuvar ilaçlar (NSAİİ), salisilatlar, kanser ilaçları ve süksinilkolin gibi) ek risk faktörleridir (4).

Temelde klinik bir tanı olmakla birlikte, objektif değerlendirme için elde taşınabilir basınç izleme cihazı olan Stryker basınç monitörü ile kompartman içi basınç (KİB) ölçümü (altın standart) veya kompartman pH'sının değerlendirilmesi gibi invaziv yöntemler

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Kas ve sinir nekrozu ve Amputasyon	Geç fasyotomi durumlarında kaçınılmazdır. Kalıcı fonksiyon kaybı olur.
Kontraktür	Özellikle ön kolda (Volkmann deformitesi) gelişen, kas kısılması ve fibrozis sonucu oluşur.
Estetik sorunlar	Geniş skarlar, psikososyal etkiler yaratabilir.

SONUÇ

Kompartman sendromu, nadir ancak ciddi sonuçlara yol açan, acil tanı ve tedavi gerektiren bir klinik tablodur. Tanıda gecikme, ekstremitte fonksiyonunun kaybı veya amputasyon ile sonuçlanabilir. Fasyotomi, doğru zamanda ve doğru teknikle uygulandığında yaşam ve uzuv kurtarıcıdır.

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