

7.

Bölüm

AYAK BİLEĞİ BAĞ YARALANMALARI

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Travma, ayak bileğinde kırıklar ve çıkıklar dışında, bunlara eşlik eden yada tek başına olabilen bağ yaralanmaları da meydana getirebilir. Bunlar eklem bozukluklarıyla beraber olan şiddetli bağ yaralanmaları olabileceği gibi eklemde hasara yol açmayan yada minimal hasara yol açan bağ yaralanmaları da olabilir (1,2).

Ayak bileği bağ yaralanmalarının büyük kısmına burkulmalar (%80-90) sebep olur. Bunun da % 20 ye yakın nedeni spor yaralanmalarıdır. En sık basketbol daha sonra ise futbol ve voleybol ayak bileği bağ yaralanmaları için yüksek risk oluşturur. Aynı sporu yapan bayanlarda erkeklere göre risk daha fazladır (1).

Ayak bileğinin bağ yaralanmaları O'Donoghue tarafından yapılan sınıflandırmada minör ligamentöz gerilim yaralanmaları (tip 1), tamamlanmamış ligamentöz yırtıkları (tip 2) veya ligamentlerin tamamen yırtılması (tip 3) olarak sınıflandırılmıştır (2). Yine Clanton, stres testiyle belirlenen ve bileğin stabilitesine dayanan daha pratik bir sınıflama yapmıştır. Clanton tip 1, klinik testlerde stabil ayak bileği konservatif tedavi yapılır, tip 2 de pozitif anterior çekmece testi yada pozitif talar eğme testi veya her ikisinde de stabil olmayan ayak bileğinde ise hastanın aktivite derecesine göre cerrahi de planlanabilir.

Tüm kas-iskelet yaralanmalarının dörtte birini, ayak bileği bağ yaralanmalarının %85'ni lateral inversiyon mekanizması oluşturur ve bu mekanizma ile en sık ayak bileği lateral bağ kompleksi yaralanır (1-4). Ayak bileğini eversiyon ve abduksiyona zorlayan mekanizmalarda ise en sık ayak bileği medialinde olan deltoid bağ kompleksi yaralanır (5). Bu nedenle teşhis ve

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