10. Bölüm

MALLEOL KIRIKLARI

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GİRİŞ

Ayak bileği kırıkları sonucu ciddi ağrı ve yaşamsal aktivitelerde kısıtlılık meydana gelmektedir (1). Ayak bileği kırıkları bimodal dağılım göstermektedir. Genç yaşta yüksek enerjili yaralanmalar sonucu gelişirken ileri yaşlarda düşük enerjili yaralanmalar sonucu görülmektedir. Bimalleoler ve trimalleoler kırıklar daha çok ileri yaş kadın hastalarda sık görülmektedir (2). Epidemiyolojik çalışmalar ileri yaş aktif nüfusun artması nedeni ile malleoller kırık insidansının arttığını göstermektedir (3). Malleol kırıkları alt ekstremite kırıklarının %9'unu oluşturmaktadır (4). Yapılan araştırmalar sonucunda hastaneye yatış gerektiren kırıklara bakıldığında ikinci en sık neden olduğu ortaya konulmuştur. Yıllar içerisinde malleol kırıkları nedeni ile yatış süreleri giderek kısalmaktadır (5). Çeşitli araştırmalara bakıldığında ayak bileği malleol kırık insidansı 100000'de 71-183 hasta/yıl olarak değişmektedir (6-8). Çoklu malleol kırıkları ileri yaş kadın hastalarda daha sık karşımıza çıkmaktadır (9). İleri yaş kadın hastalarda ayak bileği kırıkları risk faktörleri arasında aşırı kilo, nörolojik hastalıklar, sigara, çoklu ilaç kullanımı yer almaktadır (10). El bileği, omurga ve kalça kırıklarının gelişmesinde osteoporoz suçlanırken, ayak bileği malleol kırıkları gelişmesinde osteporozis risk faktörleri arasında yer almamaktadır (11). Ayak bileği artrozlarının %39'u malleol kırığı sonucu gelişmektedir (12).

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bileği artroskopisi altın standarttır. Ayakbileği kırığı sonrasında gelişen ileri seviye artrozlar için ayak bileği füzyonu tedavi seçenekleri arasındadır (92).

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