11. Bölüm

TALUS KIRIKLARI

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GİRİŞ

Talus kırıklarının az görülmesiyle birlikte literatürde sınırlı bilgi bulunması bu kırıkların tedavisinde zorluklarla karşılaşmamıza neden olmaktadır. Bununla birlikte özellikle talus boynunun kanlanmasının özel oluşu, talus kırıklarını osteonekroz gibi yönetimi zor komplikasyonlara açık hale getirmektedir. Bu bölümde talus kırıklarının tanı ve tedavisinden ana hatlarıyla bahsedilerek, güncel yaklaşımlara değinilecektir.

GENEL BİLGİLER

Talus kalkaneustan sonra ikinci büyük tarsal kemik olmasının yanında, yüzey alanının %70'inin kıkırdakla kaplı oluşu ve üzerine hiçbir kas veya tendon yapışmaması nedeniyle özel bir kemiktir (1). Talus kemiği ana olarak baş, boyun ve cisim olarak üç parçaya ayrılır. Cisim ise posterior, lateral ve medial olmak üzere 3 çıkıntıdan (proçes) oluşmaktadır (2).

Talus kırıkları tüm ayak bileği kırıklarının %5-7'sini oluşturmakta olup tarsal kemikler içerisinde en sık kırılan ikinci kemiktir (3-5). Periosteal kan desteğini sağlaması nedeniyle talar boynun çevresi ve cismin posterior kenarı kıkırdakla kaplı değildir (2). Kan desteğini ise posterior tibial arter, dorsalis pedis ve perforan fibular arterler sağlamaktadır (2). Talus boynunda kanlanmanın retrograd olması nedeniyle kırıkları sonrası, osteonekroz gelişme

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