

GİRİŞ VE TANIM

Halluks valgus (HV), yetişkinde ön ayağın en sık deformitesidir (1). 'Halluks abducto-valgus' terimi ilk kez 1870 yılında Carl Heuter tarafından kullanılmıştır (2). HV proksimal falanksın laterale, 1. metatarsın (MT) mediale deviyasyonu ve metatars başının belirginleşmesi (bunion) ile karakterize ilerleyici bir deformitedir.

ETYOLOJİ

Kesin olarak bilinmemekle birlikte etyolojinin multifaktöryel olduğu düşünülmektedir. Bunlar arasında; genetik, kısa 1. MT, dorsifleksiyonda 1. MT, fleksible/rijid ön ayak varusu, rijid/fleksible pes planovalgus, gastroknemius ekini, anormal ayak mekanikleri ve eklem hipermobilitesi sayılabilir. Ayrıca bazı inflamatuvar hastalıklar (gut artrit, psöriatik artrit, romatoid artrit), bağ doku hastalıkları (Marfan sendromu, Ehler-Danlos Sendromu) ile Down Sendromu ve bazı kas imbalansı yaratan durumlar (inme, serebral palsi veya myelomeningosel) ile birlikte görülebilir (3). Çocukluk döneminde görülen juvenil halluks valgusun konjenital predispozisyona bağlı olduğu düşünülmektedir.

EPİDEMİYOLOJİ

Halluks valgus 18-65 yaş arası yetişkinlerin yaklaşık %23'ünde ve 65 yaşından büyük yetişkinlerin ise neredeyse %36'sında görülmektedir (4). Pre-

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sekonder halluks valgus gibi) ve hatalı cerrahi teknikten (istenmeyen mekanik etkiye neden olma – 1. MT kısalığına bağlı transvers metatarsalji gibi ve istenmeyen ölçüde mekanik etkiye neden olma – aşırı/yetersiz düzeltme gibi) kaynaklanır (24). Rekürrens oranları prosedüre göre değişmekle birlikte %10-47 arasındadır. Etiyoloji multifaktöryel olup nedenleri arasında anatomik predispozisyon, cerrahi sonrası hasta uyumu, komorbid hastalıklar ve zayıf cerrahi teknik sayılabilir (37).

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