

4. Bölüm

EL BİLEĞİ ve ÖNKOL KIRIKLARI

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Giriş

Çocuk karpal kemik kırıklarında da erişkinlerde olduğu gibi skafoïd kırıkları en sık görülür. Özellikle ergenlik başlangıcı öncesi ve ergenlik döneminde pik yapar ⁽¹⁻³⁾. Çocuk hastalarda skafoïd kemikleşmesi süresince göreceli olarak daha kalın kırık dokusu ihtiva ettiği için kırık görülme oranı azdır. Skafoïd distalden proksimale doğru kemikleşir. Bu sebeple distal kırıkların görülme oranı proksimalden daha fazladır. Distal radius kırıkları ise hem çocuk hem de ergen popülasyonda en sık görülen pediatrik popülasyon kırığıdır (%20-35) ⁽⁴⁾. Distal radius fizisi ilgilendiren kırıklar ise tüm fizis hattı kırıklarının yaklaşık üçte birini oluşturur, sıklık olarak ise tüm parmak fizis kırıklarından sonra ikinci sırada yer alır ⁽⁵⁾. Genellikle bu kırıklar üst ekstremité dışı doğru açıkken el üzerine düşme ile oluşur.

Preoperatif Değerlendirme

Skafoïd kırıklarını erişkinlerde olduğu gibi klinik olarak gözden kaçırmak mümkündür. Kırık bölgesinde minimal deformite, şiş-

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SONUÇ

El bileği ve önkol kemiklerindeki kırıkların oluş mekanizmasını ve kırık bölgesini iyi bilmek, pediatrik vakalarda tedavi için gerekli mevcut endikasyonlara hakim olmak tedavi süresince çıkabilecek komplikasyonlar açısından dikkatli olmak gereklidir.

Anahtar Kelimeler: Radius kırıkları, ulna kırıkları, pediatrik kırıklar, fizis kırıkları

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