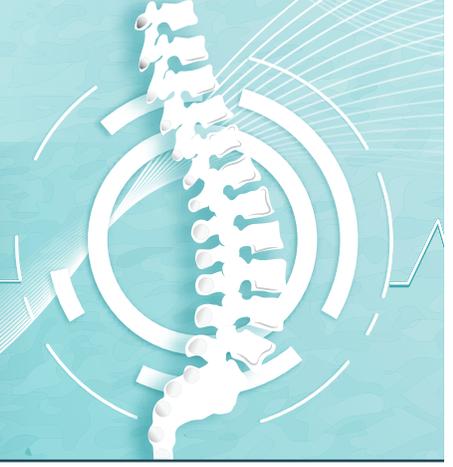


5. BÖLÜM

BEL AĞRILARINDA GİRİŞİMSEL TEDAVİ YÖNTEMLERİ



Kutay TEZEL¹

GİRİŞ

Bel ağrısı, dünya çapında gerek tıbbi gerekse sosyoekonomik olarak sağlık sistemlerine yük oluşturmaya devam eden sorunların başında gelmektedir. Bel ağrılarının prevalansının %31 ve insanların tüm yaşamları boyunca %60 ila %80 oranında bel ağrısına maruz kalacakları rapor edilmiştir (1). Bel ağrısı multifaktöriyel bir durum olup fizyolojik, psikolojik faktörler yanında beyin düzeyinde de değişimleri kapsar (2). Amerika Birleşik Devletleri (ABD)'de bel ağrısı nedeniyle doktora başvuruların %56,8'i non-spesifik bel ağrısı tanısı almaktadır. Spesifik bel ağrısı nedenleri arasında ise başlıca; nosiseptif ve nöropatik ağrı ile ilişkili kas ve fasya hasarları, intervertebral disk hasarı, spinal osteoartrit, osteoporoz ve radiküler bel ağrıları sayılabilir (3).

Günümüzde radyolojik tetkiklerin çeşitlilik ve görüntü kalitelerindeki artışa ve ulaşılabilirliklerindeki kolaylıklara bağlı olarak spesifik tanı alan hastaların oranı artmaktadır. Spesifik bel ağrılarında yönelik tedavi seçeneklerindeki artışa rağmen başarı oranları, ağrı odağı ve mekanizmalarındaki çeşitliliklere bağlı olarak halen çok değişkenlik göstermektedir (3). Asemptomatik bireylerin radyolojik incelemelerinde disk hernisi, spinal osteoartrit, spondilolistezis gibi patolojik

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