

Bölüm 6

FEMUR BAŞI AVASKÜLER NEKROZUNDAKİ PATOFİZYOLOJİ VE GÜNCEL TEDAVİ YAKLAŞIMLARI

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GİRİŞ

Femur başı avasküler nekrozu (osteonekrozu) (FBAN) femur başının kan akımı azalması sonrası gelişen hücresel ölüm, kırık ve eklem çökmesi ile sonuçlanan hastalıktır (1,2). Tipik olarak, 20 ila 40 yaşları arasındaki nispeten genç, aktif insanları etkiler ve önemli ölçüde işlev kaybıyla sonuçlanan acımasız bir seyir izler. Amerika Birleşik Devletleri'nde her yıl 250000 total kalça artroplastisi (TKA) uygulanmaktadır ve bunların yaklaşık %10'luk nedeni osteonekrozdur ve yılda ortalama 20000 ila 30000 hastaya yeni osteonekroz tanısı konmaktadır (3). Avasküler nekrozun spontan gerilemesi nadirdir, tedavi edilmeyen hastaların büyük çoğunluğu TKA'ne ilerlemektedir. Asemptomatik hastaların %67'si, semptomatik hastaların %85'inde çökme gelişmektedir (4). Birçok yazar hastanın yaşına, semptomlarına, evresine göre tedavi protokollerini tavsiye etmiş olmalarına rağmen henüz ortopedi camiası tarafından kabul görmüş olan tedavi algoritması geliştirilmemiştir (5-11). Başarılı sonuçlar elde edebilmek için eklem çökmeden önce erken müdahalede bulunulması önem taşımaktadır.

ETYOLOJİ VE PATOGENEZ

Osteonekroz için risk faktörleri olarak tanımlanan çeşitli travmatik ve atravmatik faktörler vardır, ancak etiyoloji ve patogenez hala net değildir (Tablo 1). Amerika Birleşik Devletleri'nde FBAN için en sık görülen risk faktörlerinin tahmini sıklığı: alkol (% 20-% 40), kortikosteroid tedavisi (% 35-% 40) ve idiyopatik (% 20-% 40) olarak belirtilmiştir (12).

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