



**İstanbul Yeni Yüzyıl Üniversitesi Sağlık Bilimleri Fakültesi**  
**Fizyoterapi ve Rehabilitasyon Bölümü**  
ve **YENİSARUM**



## **IV. SPOR YARALANMALARINA GENEL YAKLAŞIMLAR KONGRESİ (KALÇA VE KASIK BÖLGESİ YARALANMALARI)**

**SPOR YARALANMALARI-IV (10 MAYIS 2019)**  
**(OMUZ BÖLGESİ YARALANMALARI VE REHABİLİTASYONU)**

**08:30/09:00 KAYIT**

**09:00/09:30 AÇILIŞ KONUŞMALARI** REKTÖR PROF. DR. İ. YAŞAR HACISALİHOĞLU  
DEKAN V. PROF. DR. CÜNEYT ULUTIN  
KONGRE BAŞKANI PROF. DR. MEHMET ÜNAL

**PANEL-I - OTURUM BAŞKANLARI:** PROF. DR. AZİZ ALTURFAN, PROF. DR. DEMİR BUDAK

**09:30/10:00 KALÇA-KASIK BÖLGESİNİN ANATOMİSİ (UZ. DR. OSMAN COŞKUN)**

**10:00/10:30 KALÇA BÖLGESİ BIOMEKANIĞI (PROF. DR. EKİN AKALAN)**

**10:30/11:00 KASIK VE ALT KARIN BÖLGESİ AĞRILI OLAN SPORCUYA YAKLAŞIM (PROF. DR. MEHMET ÜNAL)**

**PANEL-II - OTURUM BAŞKANLARI :** DR. ÖĞR. ÜY. A. VEHBİ ALPMAN, PROF. DR. F. ERKAL BİLEN

**11:00/11:30 PİRIFORMİS SENDROMU (PROF. DR. ÖMER TAŞER)**

**11:30/12:00 OSTEİTİS PUBİS (PROF. DR. BÜLENT AKSOY)**

**12:00/12:30 HERNİLER (PROF. DR. HASAN TAŞÇI)**

**12:30/13:30 ÖĞLE YEMEĞİ**

**PANEL-III - OTURUM BAŞKANLARI :** PROF. DR. CÜNEYT ULUTIN, PROF. DR. KADRIYE BANU KURAN

**13:30/14:00 KALÇA VE ÇEVRESİ TÜMORAL LEZYONLAR (PROF. DR. LEVENT ERALP)**

**14:00/14:30 SPORCULARDA KALÇA SORUNLARINDA ARTROSKOPİ (PROF. DR. MEHMET AŞIK)**

**14:30/15:00 ÇOCUKLARDA VE ERİŞKİNLERDE KALÇA ÇIKIKLARI (PROF. DR. F. ERKAL BİLEN)**

**15:00/15:30 KAHVE MOLASI**

**PANEL-IV - OTURUM BAŞKANLARI :** PROF. DR. MEHMET ÜNAL

**15:30/16:00 KASIK VE KALÇA BÖLGESİNDE ASEPTİK NEKROZLAR (PROF. DR. ÖNDER KILIÇOĞLU)**

**16:00/16:30 KALÇA ÇEVRESİ OSTEOTOMİLERİ (DOÇ. DR. HALİL İBRAHİM BALCI)**

**16:30/17:00 KASIK VE KALÇA BÖLGESİ PROBLEMLERİNDE FİZYOTERAPİ VE REHABİLİTASYON  
(PROF. DR. KADRIYE BANU KURAN)**

**17:00/17:30 KALÇA VE KASIK BÖLGESİ PROBLEMİ OLAN SPORCULARIN TEDAVİ SONRASI AKTİVİTEYE  
DÖNÜŞLERİ (UZM. FZT. İOAKİM İPŞEFTEL)**

**17:30 KAPANIŞ**





PROF. DR. LEVENT ERALP®  
Ortopedi ve Travmatoloji Uzmanı

# Sporcularda Kalça Bölgesi Tümörleri



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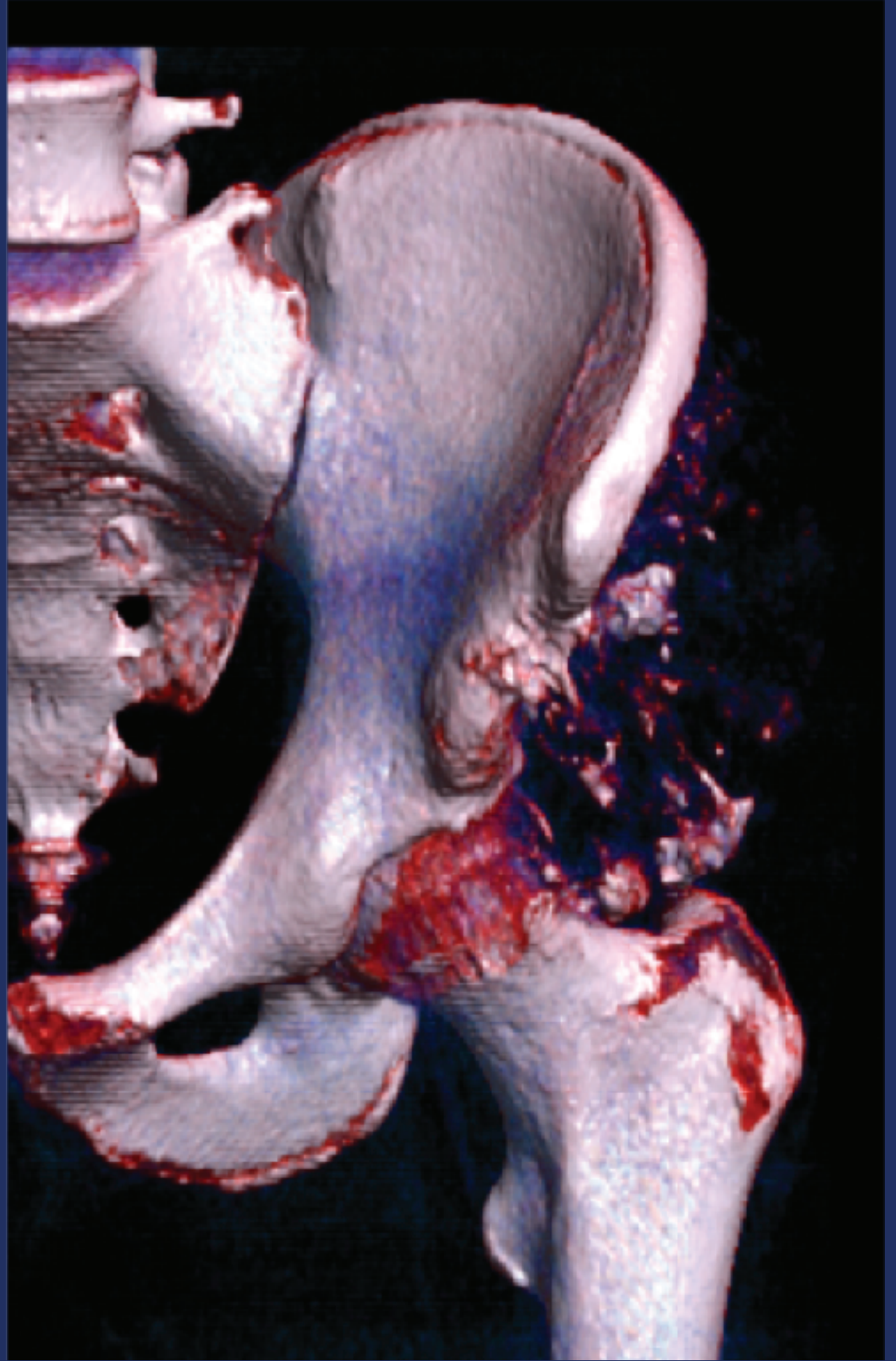
drleventeralp@gmail.com



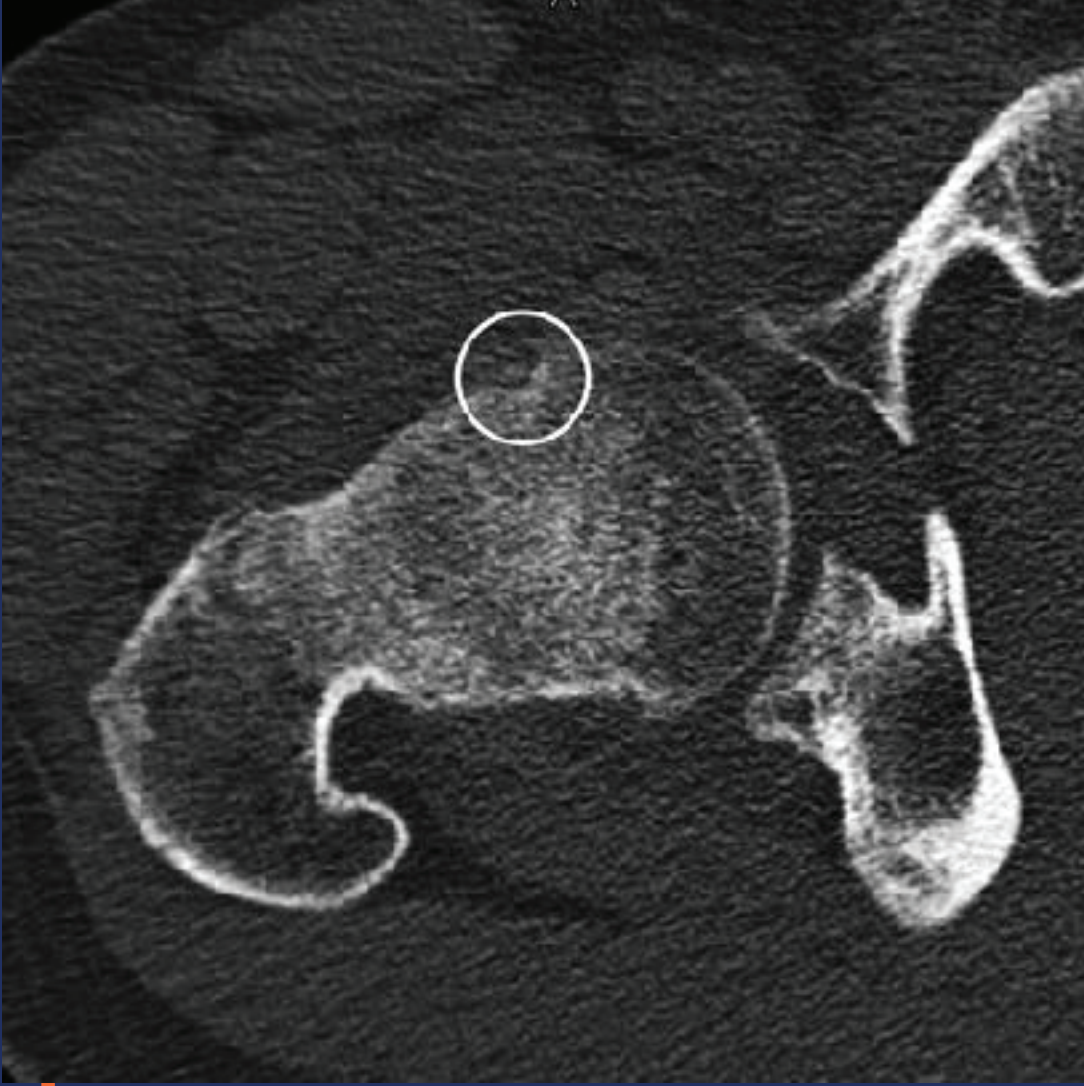
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# SPORCULARDA KALÇA BÖLGESİ TÜMÖRLERİ







- \* 16 E
- \* Basketbol
- \* Ağır antreman programı
- \* 3 aydır ağrı



- \* 21 E
- \* Atlet
- \* Sprint sonrası ağrı
- \* 8. ayda başvuru



**Genç Yaş**

**Klinikte Travma olarak  
Değerlendirilen Tümör**

**Klinikte Tümör olarak  
Değerlendirilen  
Posttravmatik Lezyon**

**Kalça Bölgesi**



# Dilemmas in Distinguishing Between Tumor and the Posttraumatic Lesion with Surgical or Pathologic Correlation

Eric Walker, MD<sup>a,b,\*</sup>, Pam Brian, MD<sup>a</sup>, Victor Longo, DO<sup>a</sup>, Edward J. Fox, MD<sup>c</sup>, Elizabeth E. Fraunhoffer, MD<sup>d</sup>, Mark Murphy, MD<sup>b,e,f</sup>

## KEYWORDS

• Bone tumor • Soft tissue tumor • Sports injury • Hemorrhagic soft tissue sarcoma • Myositis ossificans • Hematoma

## KEY POINTS

- Prolonged and atypical swelling of soft tissue, even in combination with a previous traumatic lesion, may be an indication of underlying malignancy, and proper imaging studies should be obtained before surgery or arthroscopy.
- A history of spontaneous fracture or fracture with minor trauma should raise suspicion for underlying disorder as the cause. MR imaging is often useful to show marrow abnormality and the accompanying soft tissue mass often associated with a pathologic fracture.
- Traumatic hematomas commonly develop under an area of subcutaneous ecchymosis, and the absence of this finding should raise the suspicion of tumor-associated hemorrhage. The absence of edema surrounding a large, round hematoma on imaging also suggests tumor.
- Healing avulsion injuries may showytic and destructive imaging characteristics mimicking osteomyelitis or aggressive tumor.
- The earlier stages of myositis ossificans are likely to mimic a soft tissue neoplasm. Follow up radiograph or CT will demonstrate the typical peripheral calcification pattern.

Disclosure: E. Walker is a consultant for Medical Metrics. E.J. Fox is a speaker for Eli Lilly and his spouse works for GlaxoSmithKline.

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[sportsmed.theclinics.com](http://sportsmed.theclinics.com)

0228-5919/13/\$ – see front matter © 2013 Elsevier Inc. All rights reserved.

## Review Article

# Oncologic Conditions That Simulate Common Sports Injuries

## Abstract

Primary bone and soft-tissue tumors that mimic common sports injuries are relatively rare and are not often encountered by most orthopaedists. Prompt and accurate diagnosis of these tumors is crucial to maximize the clinical outcome. Many bone and soft-tissue tumors present disproportionately in young and active patients who are often involved in athletic activities. Thus, the clinician may misdiagnose these rare tumors as more common sports injuries. Symptoms that should raise suspicion for a neoplastic process include pain unrelated to activity and a clinical course that does not follow the typically expected recovery for a common sports injury. An awareness of the salient features of several bone and soft-tissue tumors as well as nononcologic processes that may simulate sports injuries can aid clinicians in the prompt diagnosis and clinical decision making of these rare tumors.

Primary tumors of bone and soft tissue are relatively rare and can be easily missed. A delay in accurate diagnosis can have limb- and life-threatening consequences. Many bone and soft-tissue tumors present disproportionately in young, active patients. In addition, patients with tumors frequently present with sports injuries or other minor trauma that can make diagnosis challenging.<sup>1,2</sup> In the United States, approximately 500 adolescents and young adults present with osteosarcoma annually.<sup>4</sup> Although osteosarcoma and other neoplastic conditions are rare, proper recognition and management have critical implications for ultimate function and survival. The orthopaedic surgeon must be aware of the salient features of several bone and soft-tissue tumors and nononcologic processes that may simulate more common benign injuries to facilitate prompt diagnosis and clinical decision making. Additional diagnostic investigation may be warranted in some cases.

## History and Physical Examination

Musculoskeletal tumors may present insidiously. The importance of a thorough history and physical examination cannot be overstated. Diagnosis of these tumors may be challenging and can be delayed when a young, otherwise healthy patient has symptoms that can be attributed to sports-related activity or injury.

Pain and/or local swelling are common initial complaints, but pain associated with oncologic processes often predate the injury. Although pain is a common feature of bone tumors, it is rarely reported in the setting of soft tissue tumors. Pain may be referred to an adjacent joint. In patients with musculoskeletal tumors, pain that is worse at night or does not remit with rest is always concerning, but it is not reliably part of the history.<sup>3</sup> Systemic symptoms such as fever, chills, and malaise may occur, but these symptoms are rare and

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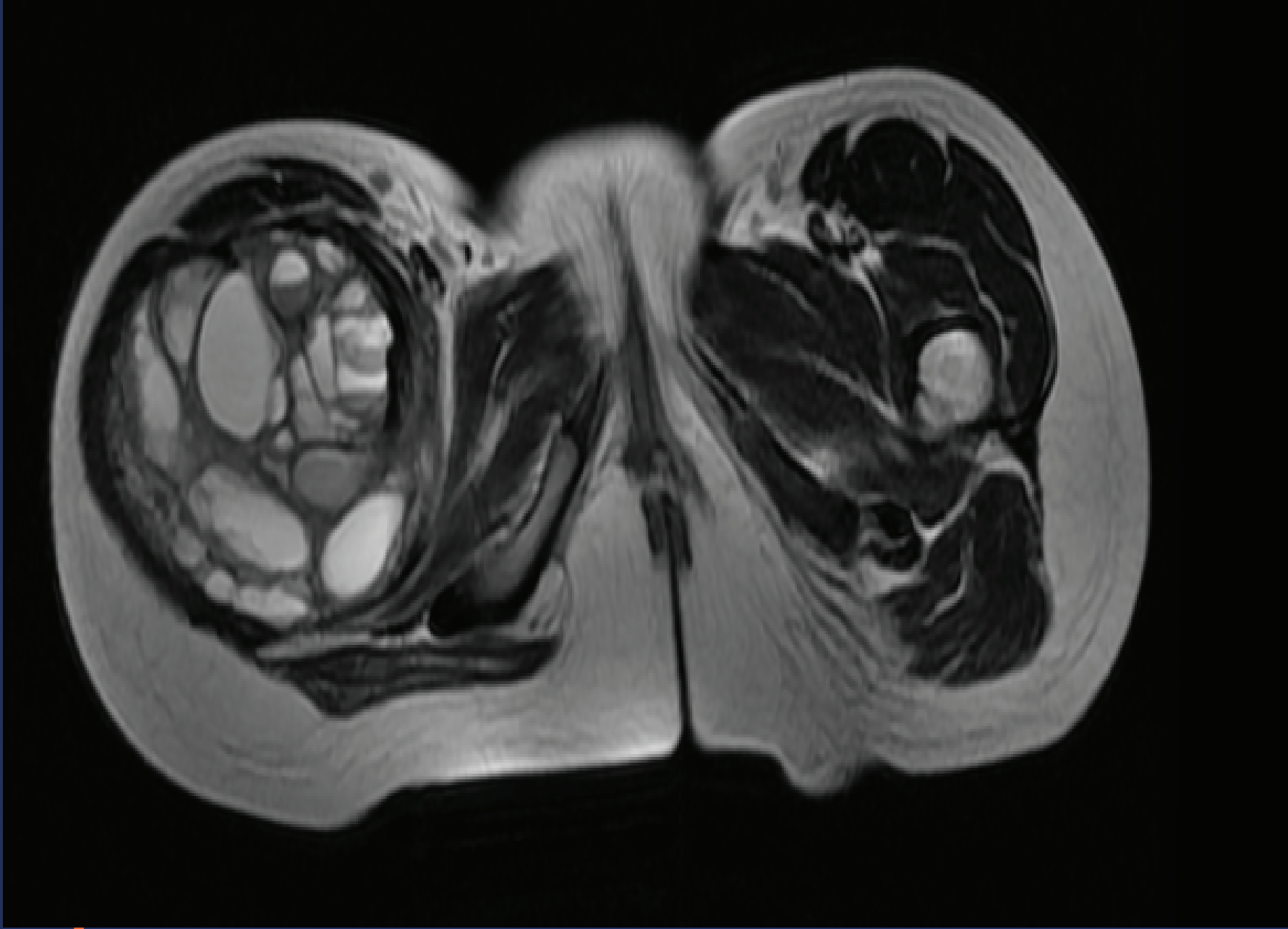
April 2014, Vol 22, No 4

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**\* VAROLAN SPOR YARALANMASINDAN  
BEKLENMEYEN SEMPTOMLAR**

**\* BEKLENENDEN UZUN SÜREN  
SEMPTOMLAR**



**1 - BEKLENMEYENDEN  
ŞÜPHELENMEK**

**2 - DOĞRU SORULARI  
SORMAK**

**3 - İLERİ GÖRÜNTÜLEME**



## Spor Yaralanmalarını Taklit Eden Tümöral Patolojilerde İpuçları

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+Aktiviteden bağımsız ağrı

+Gece ağrısı

+ İstirahat ağrısı

+ Normal iyileşme süresini aşan, uzun süreli semptomlar

+ Düz radyolojide yorumlanamayan kemik lezyonu

+ Tanımlanamayan yumuşak doku gölgesi





## Spor Yaralanmalarını Taklit Eden Tümöral Patolojilerde 'Tuzaklar'

+Hasta takiplerini muhakkak muayene ile yapın

+Telefon hekimliği !

+ Hasta ve/veya aile, inkar edebilir

+ İfadelere güvenmeyin, dokunun !

+ Şüphe var ise, tetkik maliyeti düşünmeyin

+ Tedbir felaketi önler

+ Kesin tanı olmadan, (uzun süre) (etkisi görünmeyen) tedaviyi sürdürmeyin !



- \* 19 E
- \* Asya - Avrupa Maratonu'nu ağrı nedeni ile yarım bırakmış
- \* RG ile yumuşak doku travması tanısı
- \* NSAID + istirahat
- \* Ağrı artınca ilaç dozu arttırılmış
- \* 6 hafta



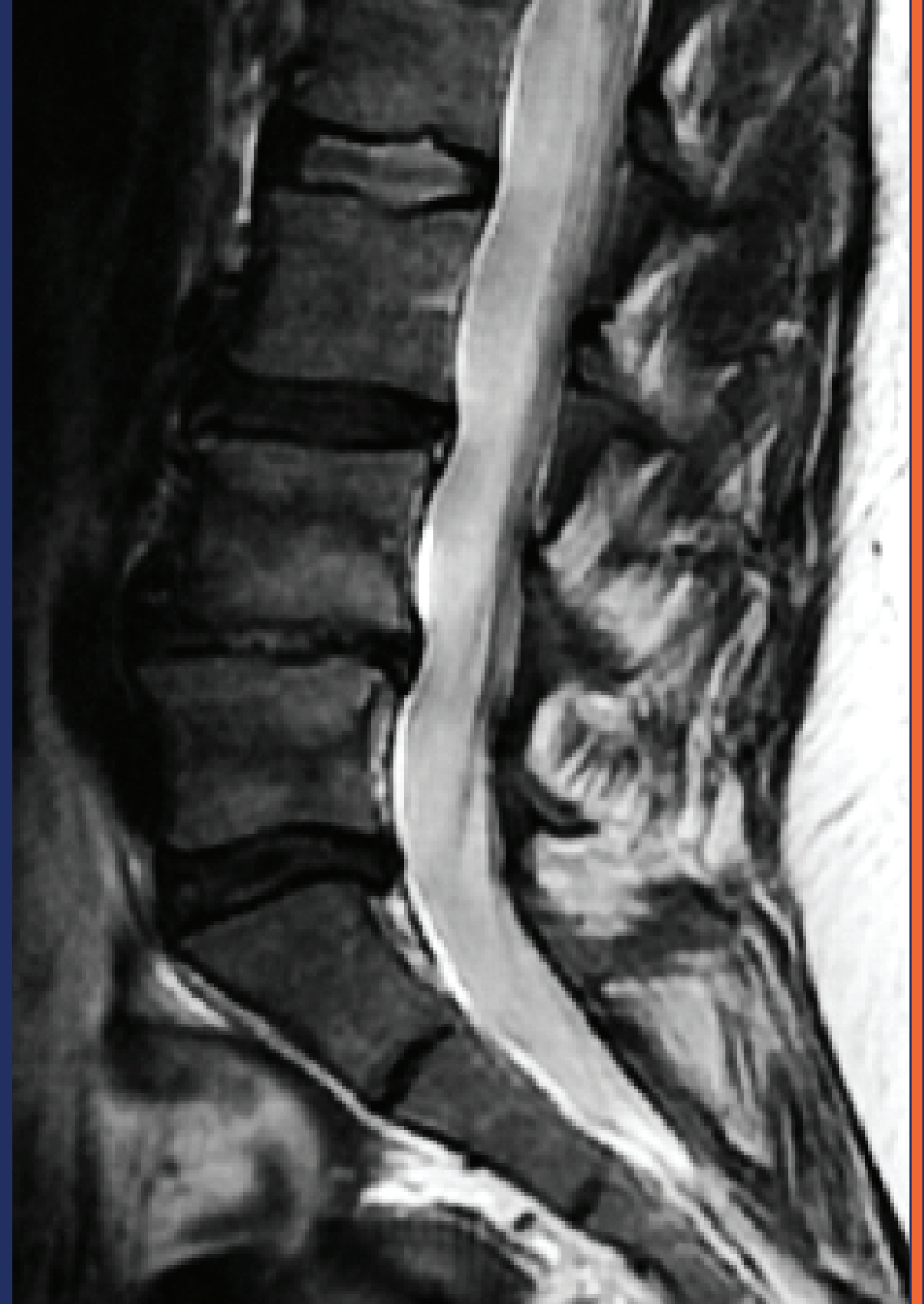
## Spor Yaralanmalarını Taklit Eden Tümöral Patolojilerde Sorunlar

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- \* Doğru Tedavide Gecikme
- \* Doğru tedavi stratejisini tehlikeye sokan, invaziv girişimler

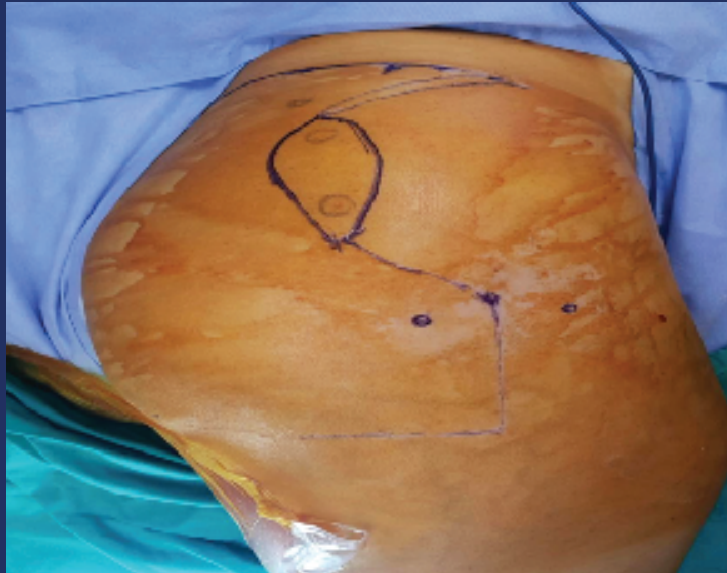
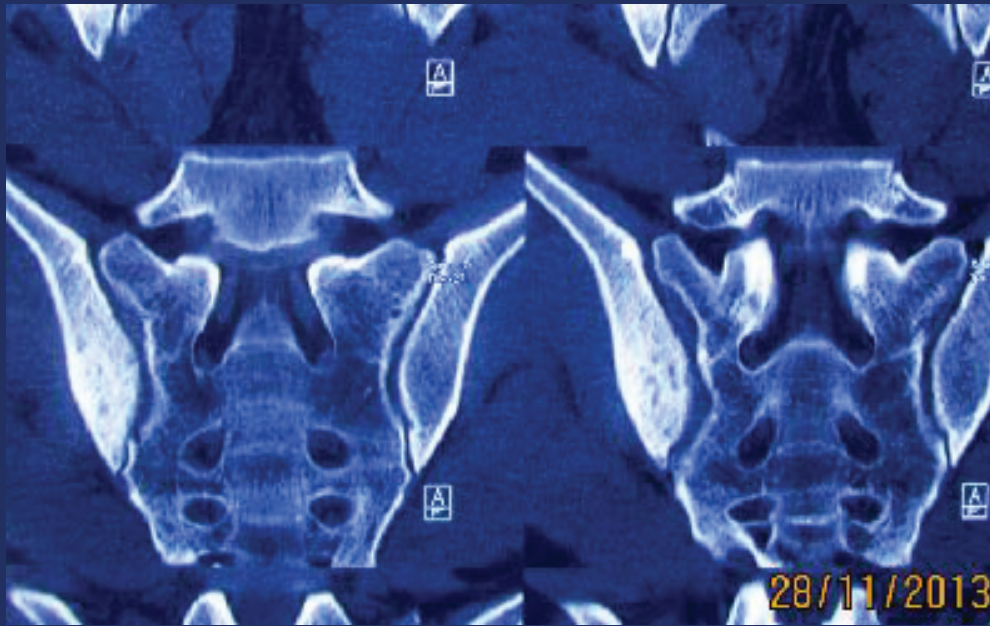
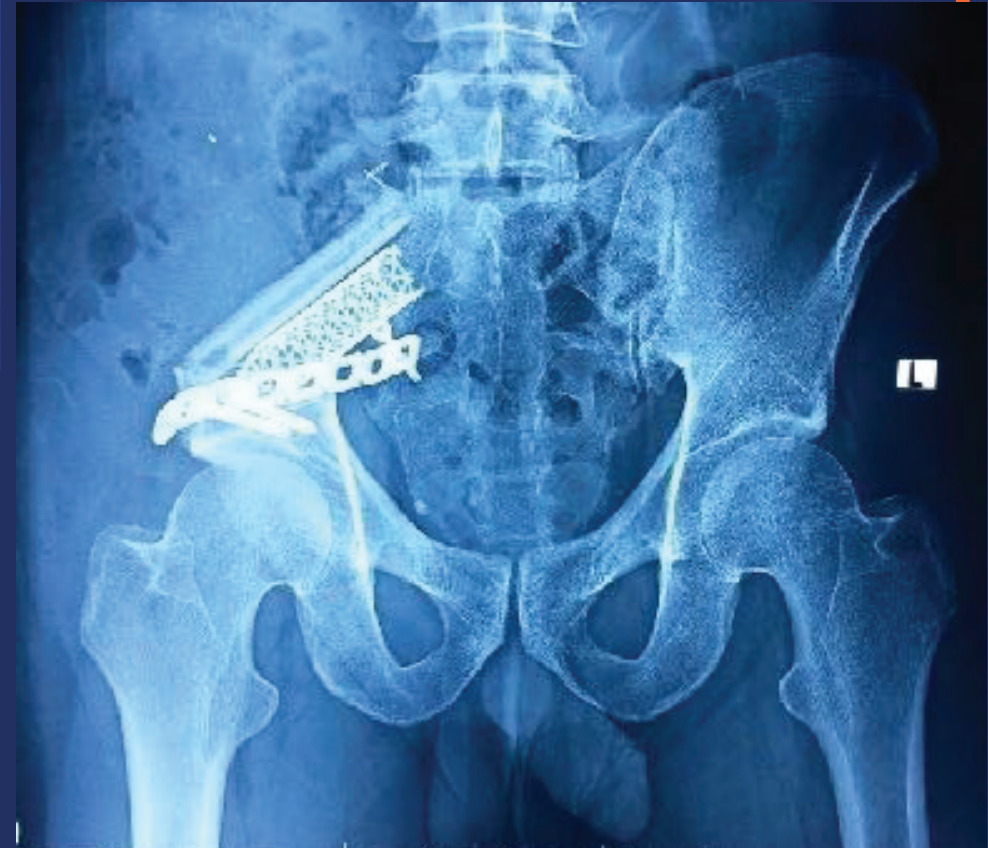
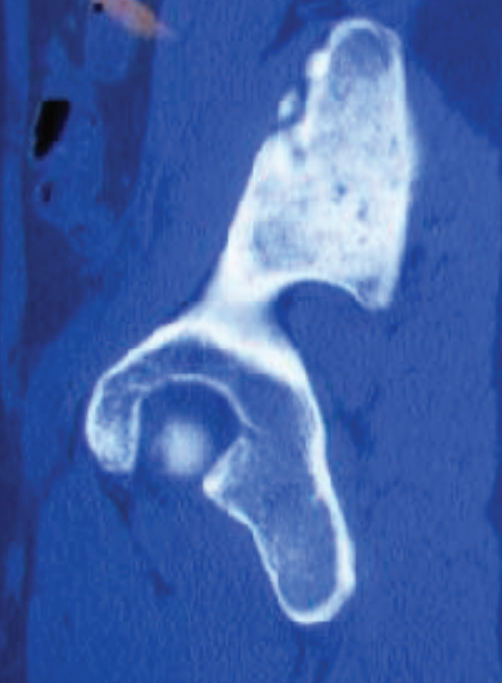
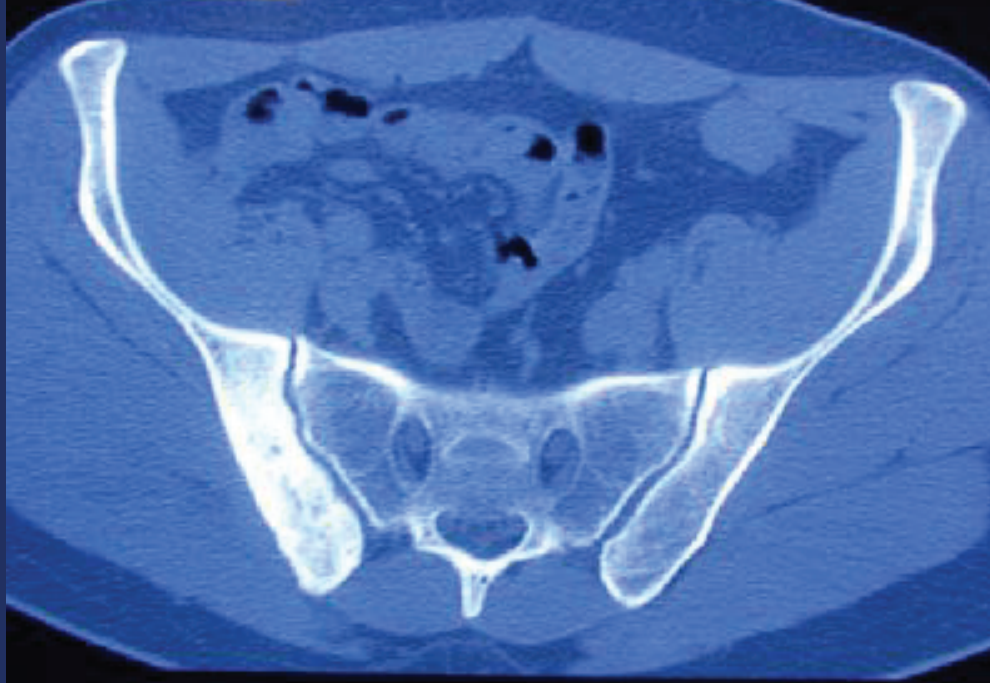
41 E

- \* Halter sonrası başlayan ağrı
  - \* Sağ bacağa yansıyor
    - \* MRI: Lomber disk
  - \* 3 yıl boyunca yapılan konservatif tedavi (-)
    - \* Mikrodiskektomi
- \* Ağrı aynı karakterde sürüyor !!





# EWS



# Travma Kliniği Taklit Eden Kemik Tümörleri

---

- \* Dev Hücreli Tümör (DHT)
- \* Osteoid Osteoma (OO)
- \* Kondroblastom (KB)
- \* Osteosarkom (OSG)
- \* Ewing Sarkomu (EWS)
- \* Patolojik Kırık

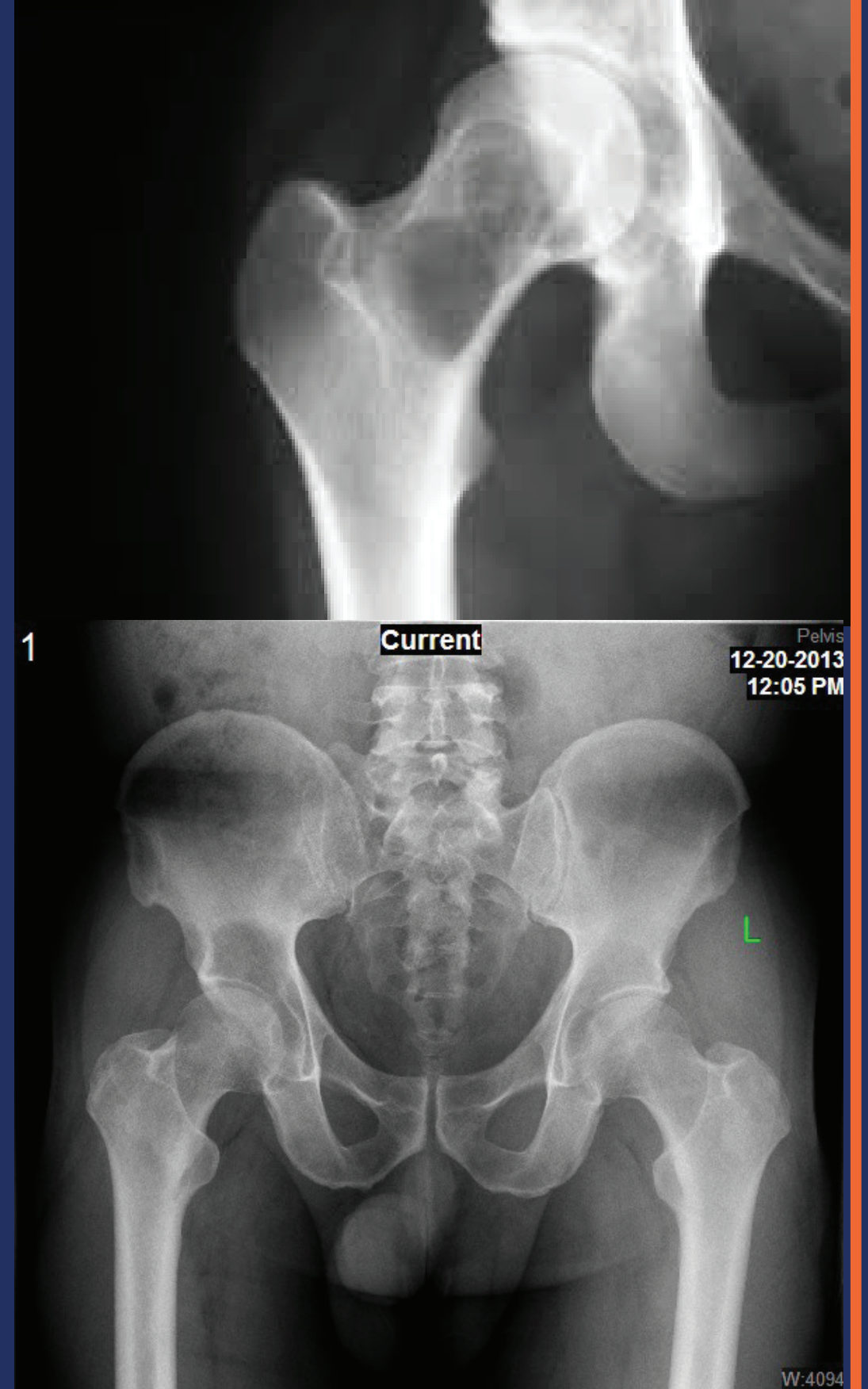




# Travma Kliniđi Taklit Eden Kemik Tumorleri

---

- \* Dev Hücreli Tumor (DHT)
- \* Osteoid Osteoma (OO)
- \* Kondroblastom (KB)
- \* Osteosarkom (OSG)
- \* Ewing Sarkomu (EWS)
- \* Patolojik Kırık

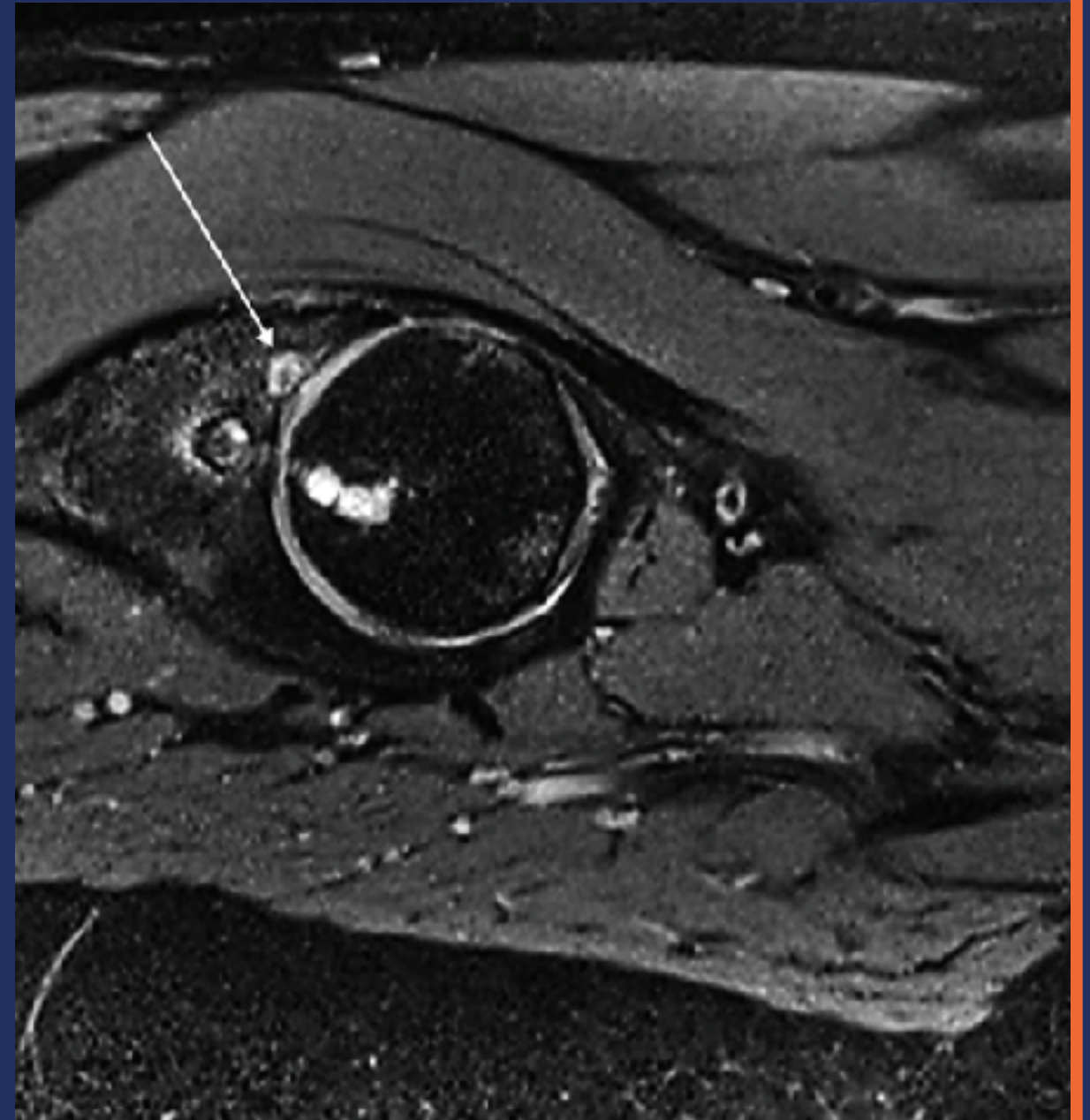


# Travma Kliniđi Taklit Eten Kemik Tmrleri

---



- \* Dev Hcreli Tmr (DHT)
- \* Osteoid Osteoma (OO)
- \* Kondroblastom (KB)
- \* Osteosarkom (OSG)
- \* Ewing Sarkomu (EWS)
- \* Patolojik Kırık

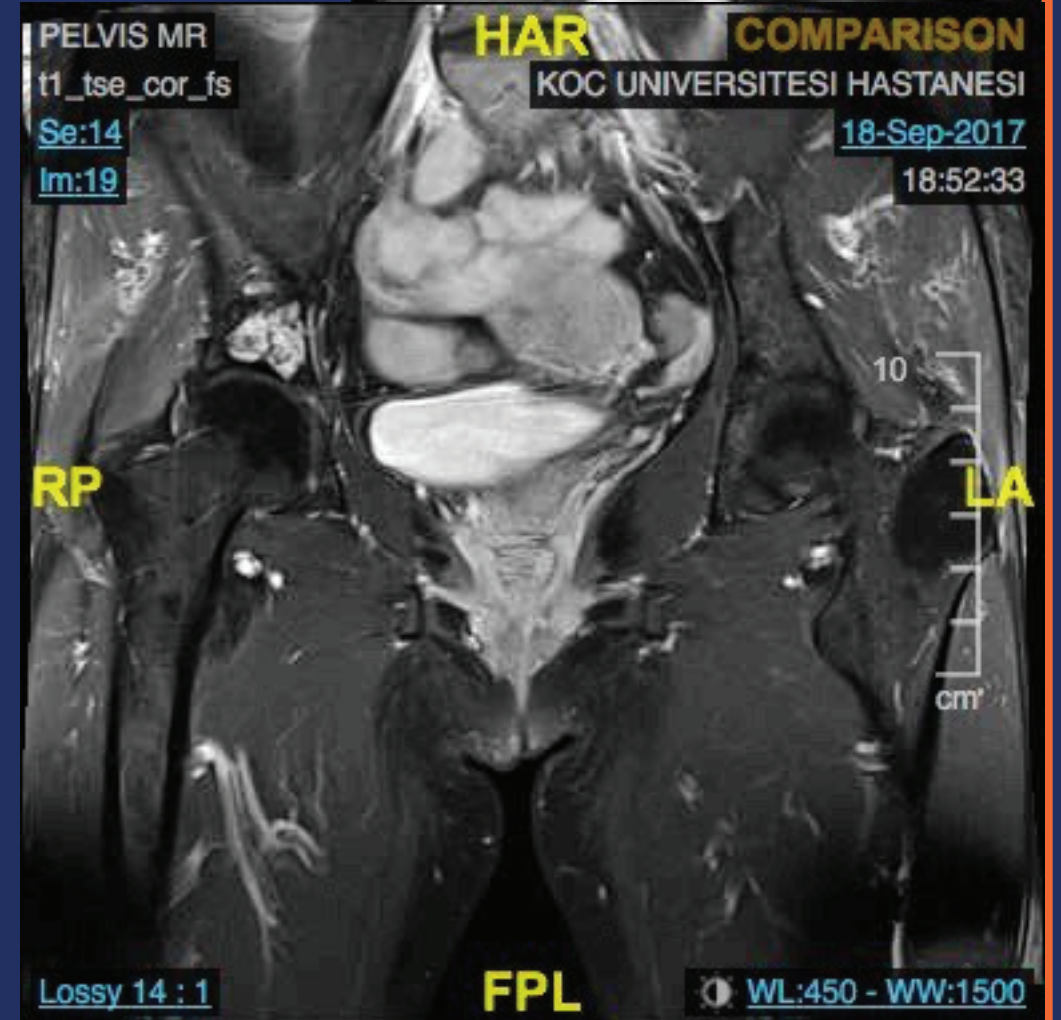




# Travma Kliniđi Taklit Eden Kemik Tümörleri

---

- \* Dev Hücreli Tümör (DHT)
- \* Osteoid Osteoma (OO)
- \* **Kondroblastom (KB)**
- \* Osteosarkom (OSG)
- \* Ewing Sarkomu (EWS)
- \* Patolojik Kırık



# Travma Kliniđi Taklit Eden Kemik Tumorleri

---

- \* Dev Hücveli Tumor (DHT)
- \* Osteoid Osteoma (OO)
- \* Kondroblastom (KB)
- \* Osteosarkom (OSG)
- \* Ewing Sarkomu (EWS)
- \* Patolojik Kırık





# Travma Kliniđi Taklit Eden Kemik Tumorleri

---

- \* Dev Hücureli Tumor (DHT)
- \* Osteoid Osteoma (OO)
- \* Kondroblastom (KB)
- \* Osteosarkom (OSG)
- \* Ewing Sarkomu (EWS)
- \* Patolojik Kırık



# Mekanik Blok Yapan Eklem İçi Yumuşak Doku Lezyonları

---

- \* Pigmente Villonodüler
- \* Sinovit / Dev Hücreli Tendon
- \* Kılıfı tümörü
- \* Sinoviyal Kondromatozis
- \* Lipoma Arborescens





# Mekanik Blok Yapan Eklem İçi Yumuşak Doku Lezyonları

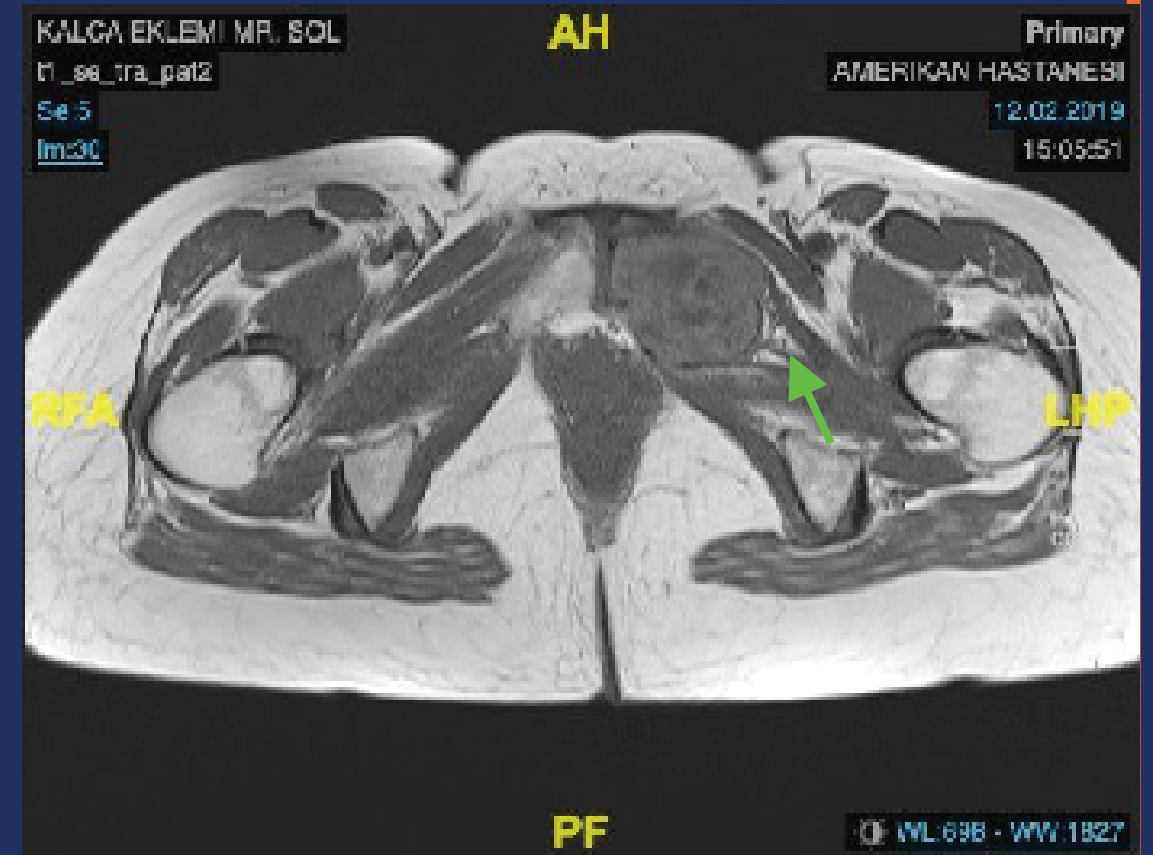
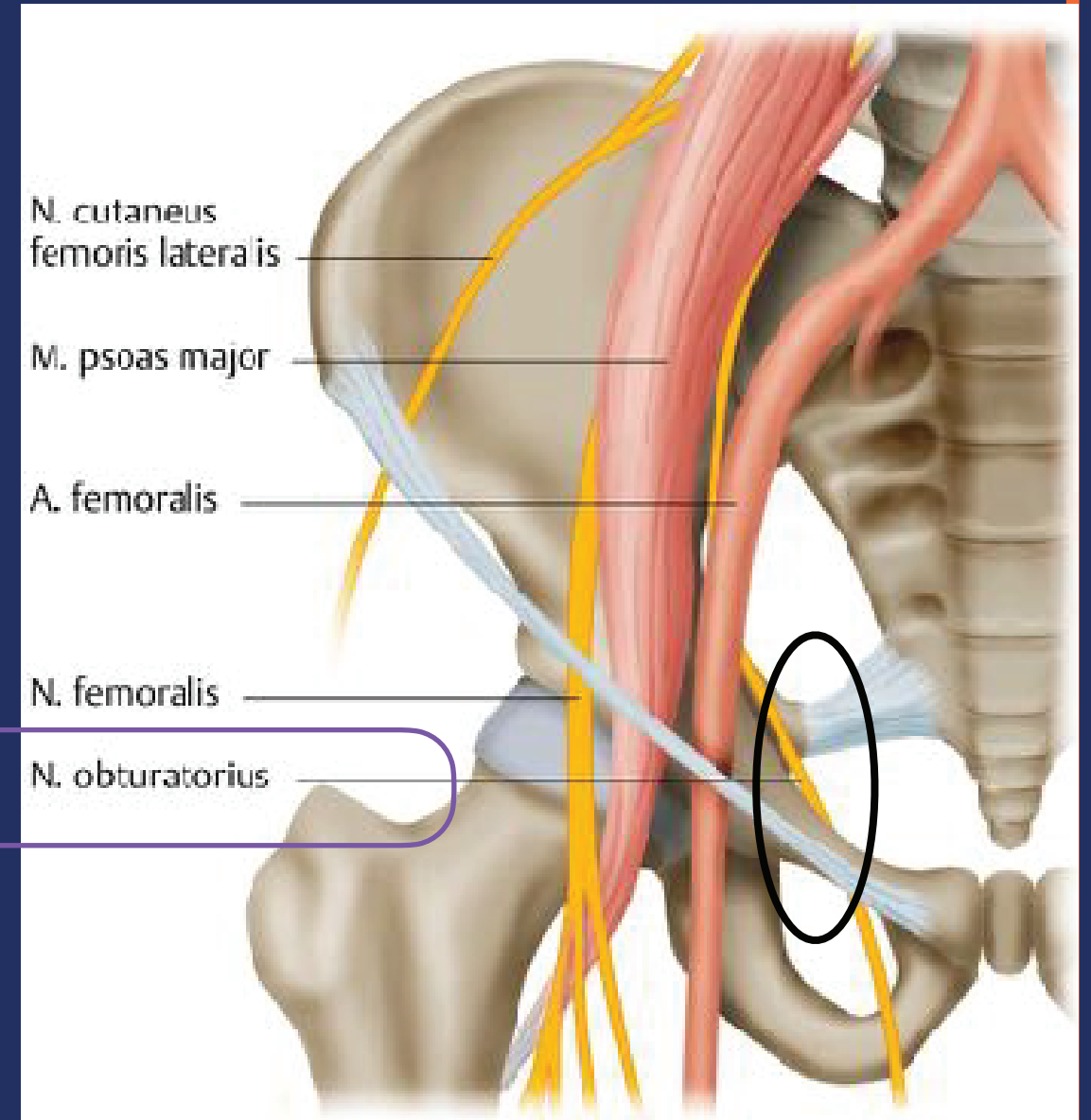
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- \* Pigmente Villonodüler
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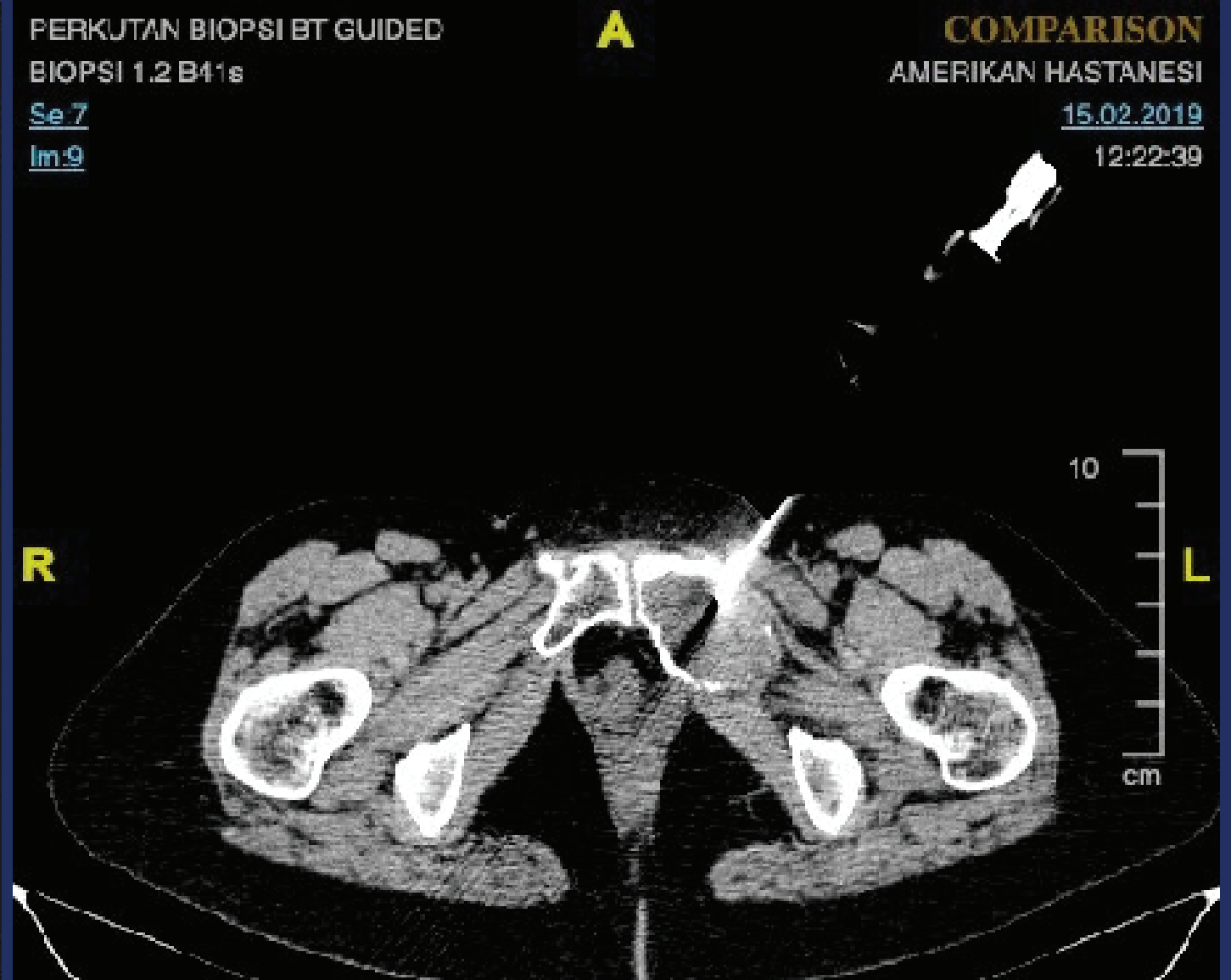
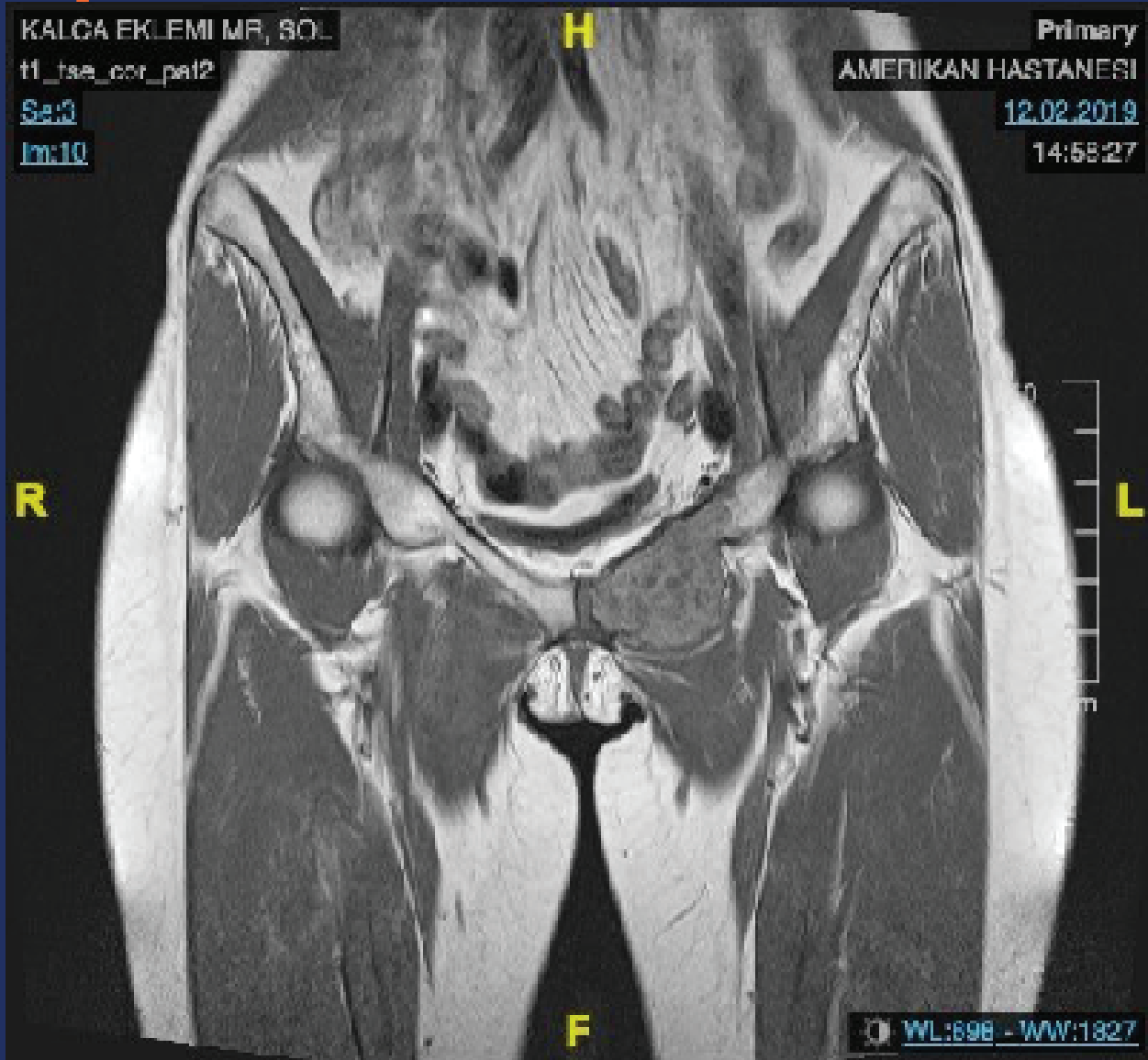


# Taklitçi Lezyon

- \* Asistanlık, ikinci refakat nöbeti
- \* 'Knee pain is hip pain, until proven otherwise'
- \* Özellikle çocuklarda

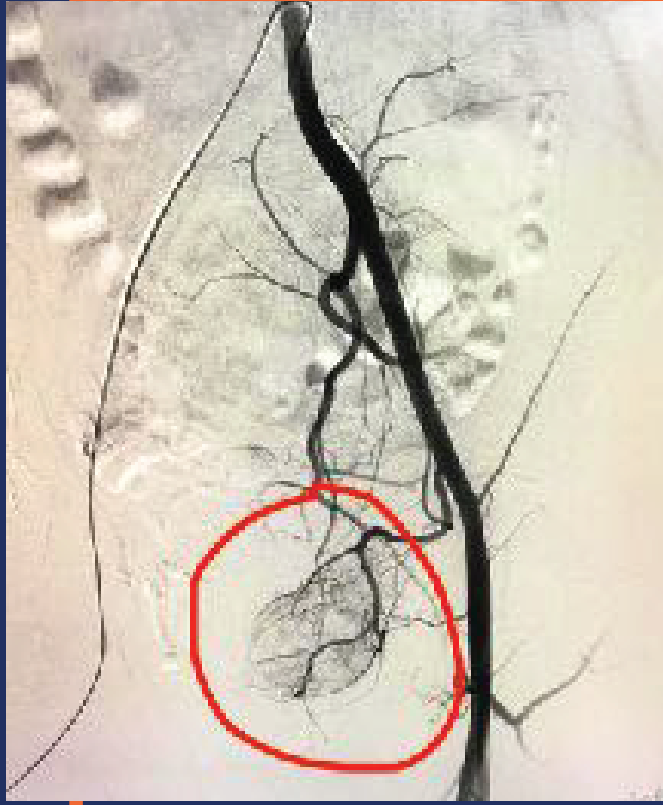






## Malin Hemanjiyoperisitoma

- \* 32 K
- \* 3 ay önce 'fitness'
- \* 2-3 hafta sonrasında başlayan, dizin özellikle iç yarısında ağrı



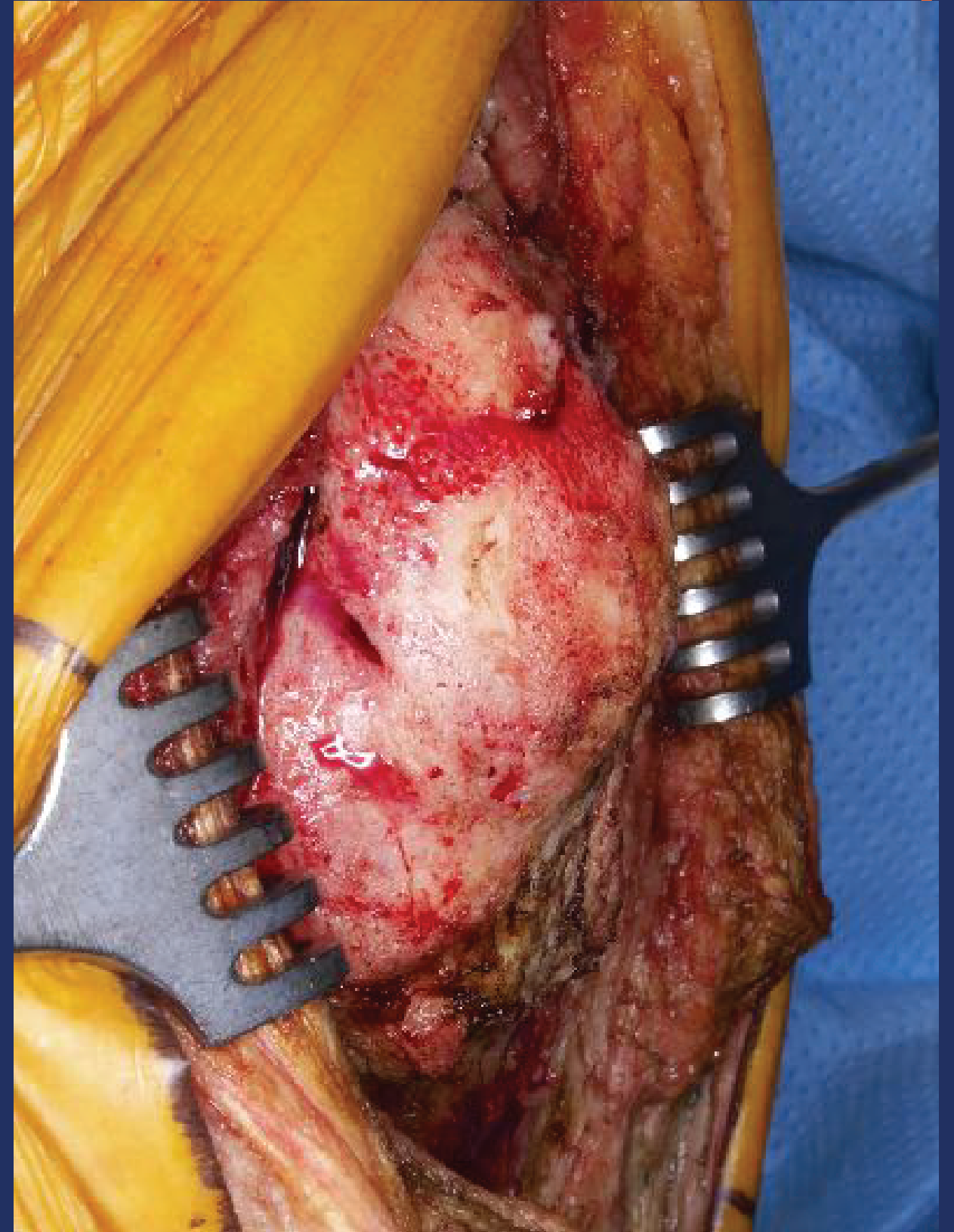
**Preop. RT  
Preop Embolizasyon**



# Maliniteyi Taklit Eden Posttravmatik Lezyonlar

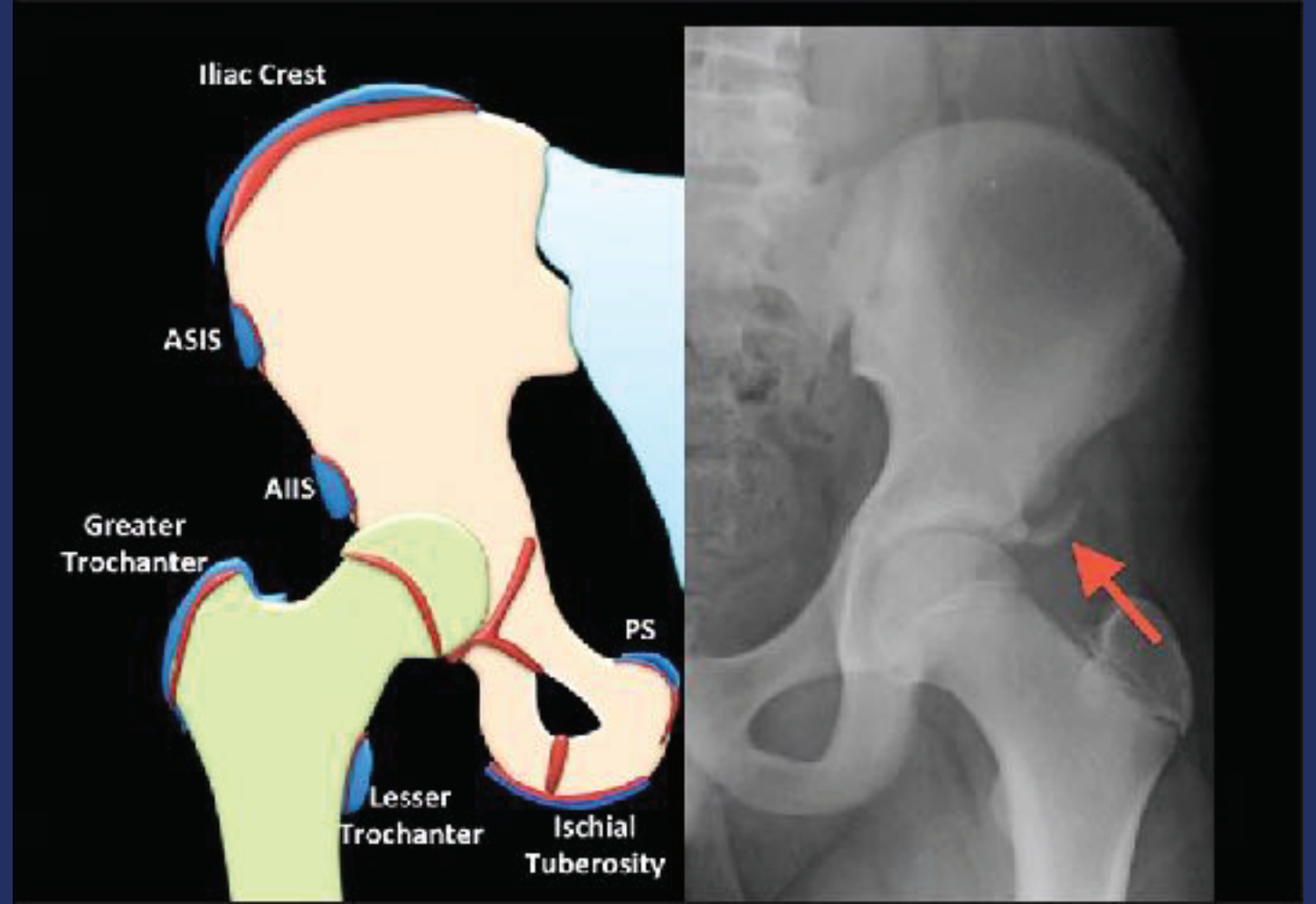
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- \* Avulsiyon Kırığı
- \* Stres Kırığı
- \* Miyositis Ossifikans
- \* Yumuşak Doku Kondrosarkomu
- \* Sinoviyal Sarkom
- \* Hematom
- \* Akut
- \* Kronik
- \* Morrel - Lavallo



# Maliniteyi Taklit Eden Posttravmatik Lezyonlar

- \* Avulsiyon Kırığı
- \* Stres Kırığı
- \* Miyositis Ossifikans
- \* Yumuşak Doku Kondrosarkomu
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# Maliniteyi Taklit Eden Posttravmatik Lezyonlar

- \* Avulsiyon Kırığı
- \* Stres Kırığı
- \* Miyositis Ossifikans
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- \* Sinoviyal Sarkom
- \* Hematom
- \* Akut
- \* Kronik
- \* Morrel - Lavalle



- \*Uzun mesafe koşusu
- \*Kadın cinsiyet

**Table 1** The management of femoral neck stress fractures by fracture type.

Fracture Type	Incomplete (<50% Femoral Neck Width)	Complete (>50% Femoral Neck Width)
Compression	Conservative – unless significant pain or unable to straight-leg raise	Surgical Fixation (Cannulated Hip Screws or Dynamic Hip Screw)
Tension	Surgical Fixation (Dynamic Hip Screw)	Surgical Fixation (Dynamic Hip Screw)
Displaced	–	Immediate Reduction and Surgical Fixation (Dynamic Hip Screw/Derotation Screw)
Atypical Tension	Conservative	Surgical fixation (Dynamic Hip Screw)

# Maliniteyi Taklit Eden Posttravmatik Lezyonlar

---

- \* Avulsiyon Kırığı
- \* Stres Kırığı
- \* Miyositis Ossifikans
- \* Yumuşak Doku Kondrosarkomu
- \* Sinoviyal Sarkom
- \* Hematom
- \* Akut
- \* Kronik
- \* Morrel - Lavallo

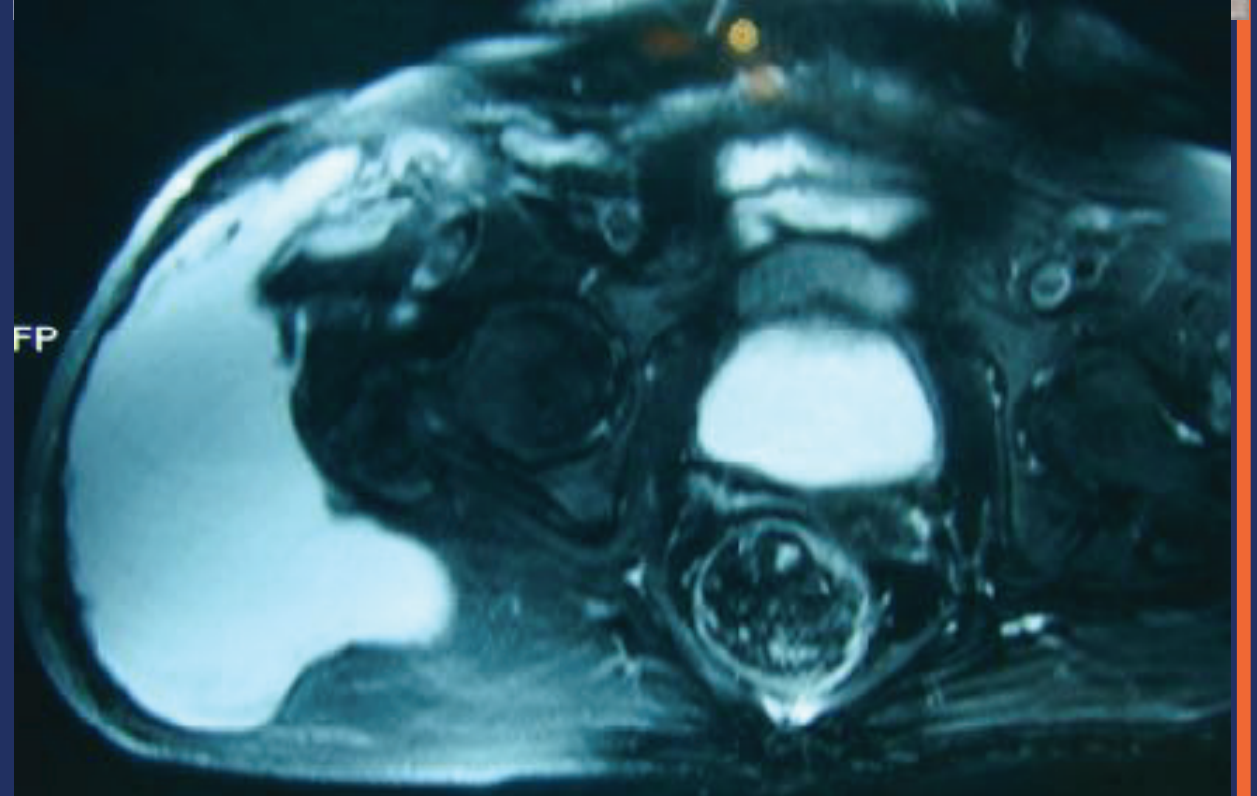




# Maliniteyi Taklit Eden Posttravmatik Lezyonlar

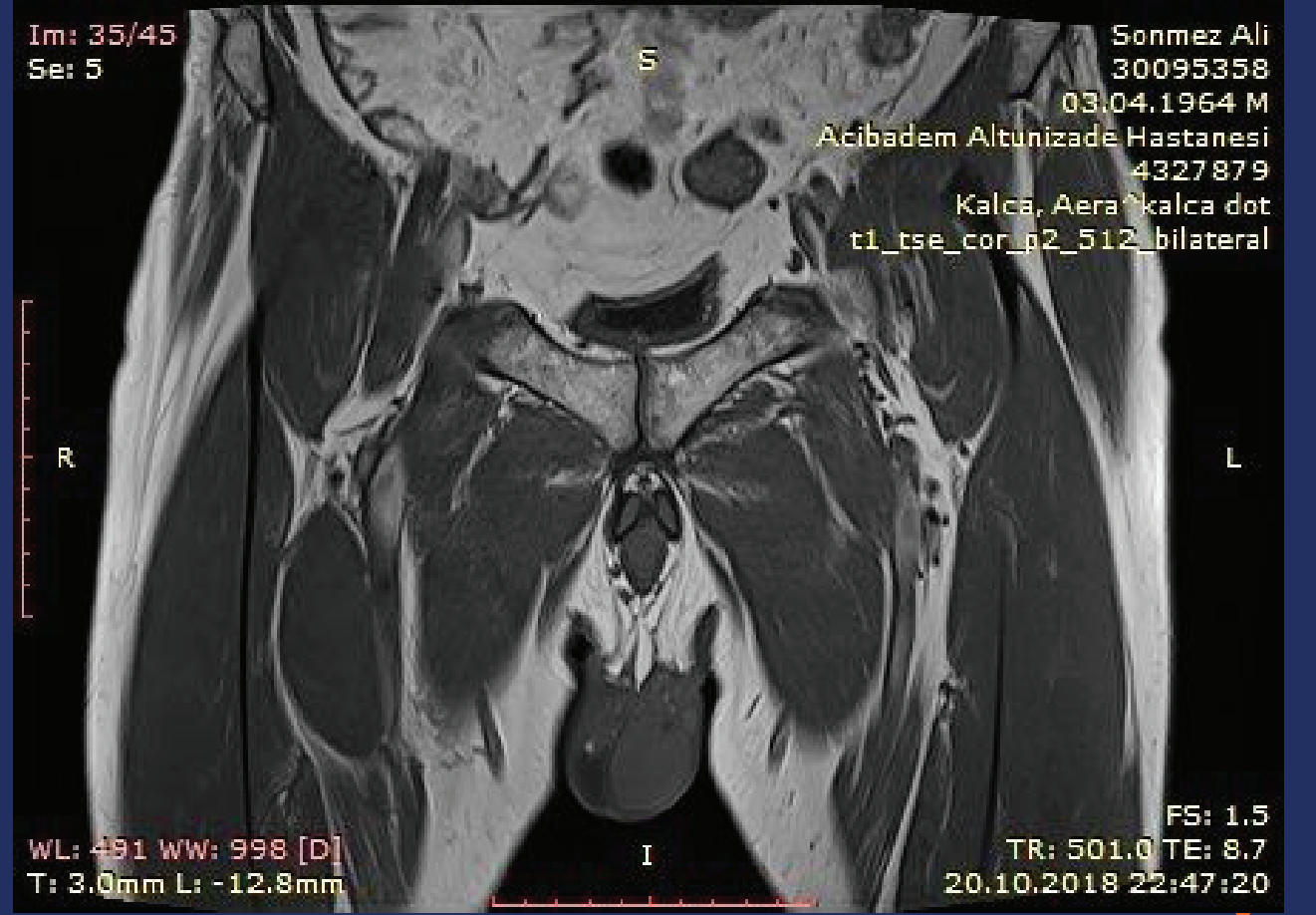
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- \* Avulsiyon Kırığı
- \* Stres Kırığı
- \* Miyositis Ossifikans
- \* Yumuşak Doku Kondrosarkomu
- \* Sinoviyal Sarkom
- \* Hematom
- \* Akut
- \* Kronik
- \* Morrel - Lavalle



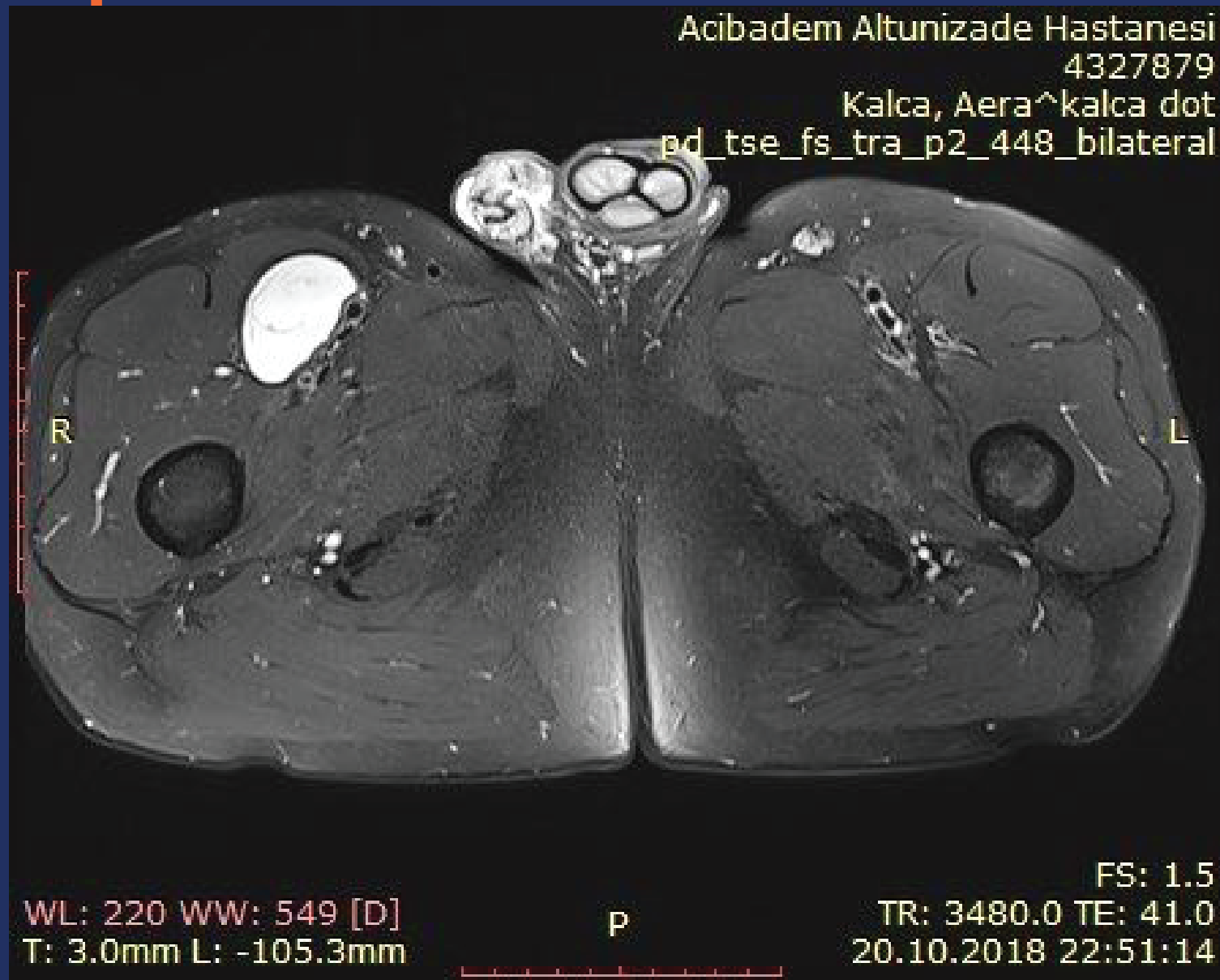
# Hematom ? Şüpheli Bulgular

- \* Spontan intramüsküler hematom
- \* Hemofili, Kronik karaciğer yetmezliği vb.
- \* Travma enerjisi ile uyumsuz büyüklükte hematom
- \* Uzayan klinik
- \* Tekrarlayan / büyüyen hematom kitlesi ?
  - \* % 55 hematom duvarında tümöral nodül

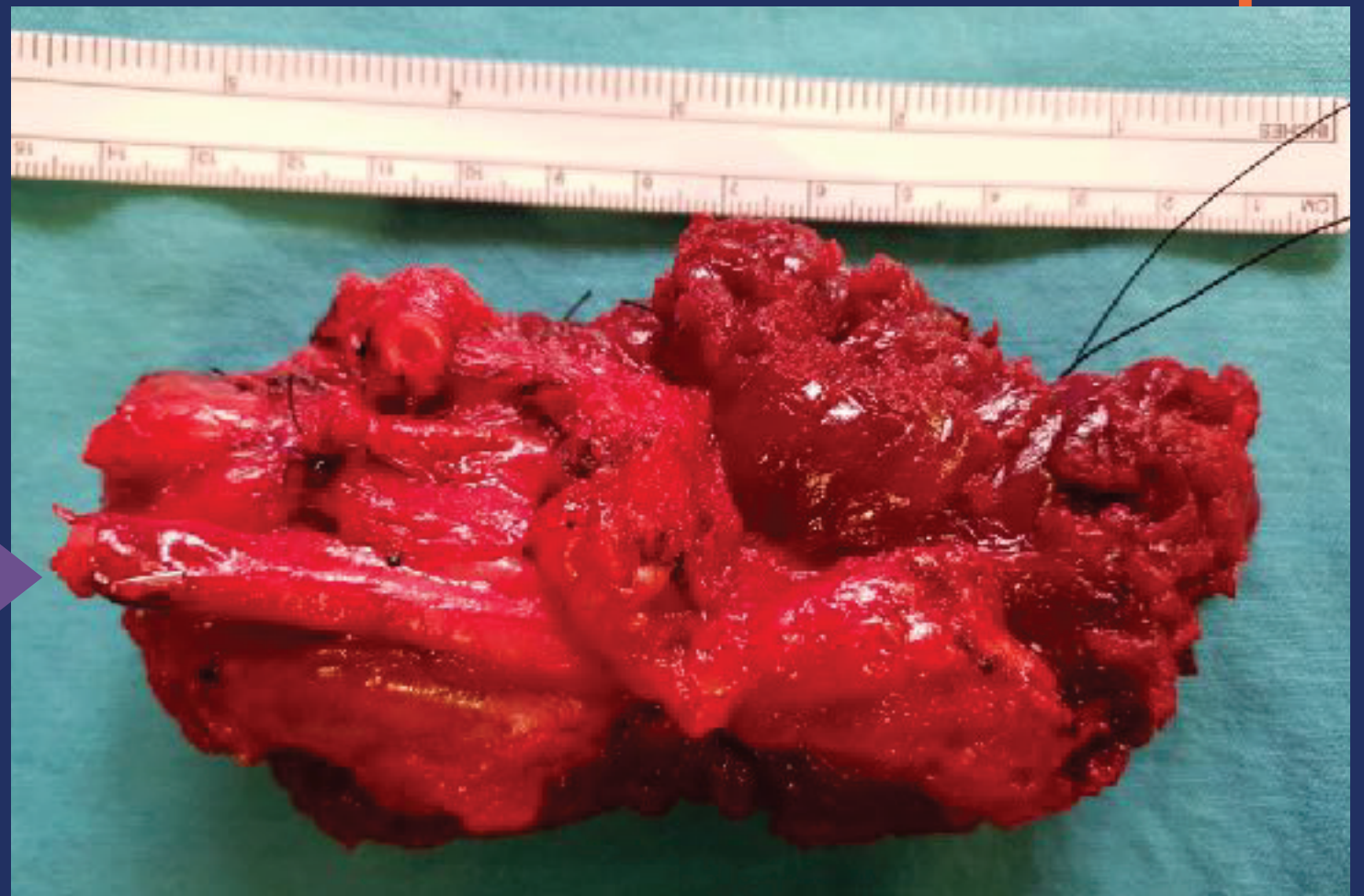
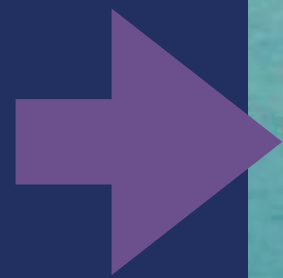


- \* 48 E
- \* Fitness sonrası kasıkta şişlik
- \* Hematom ?
- \* 3 ay takip sırasında büyümüş





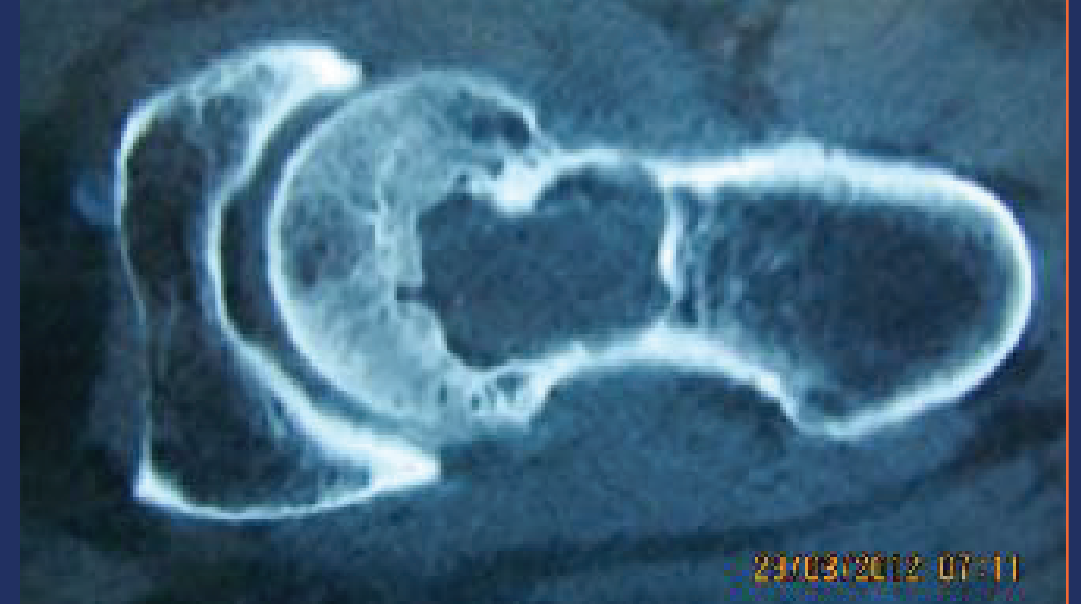
## Miksoid Liposarkom





# ÖZET-1

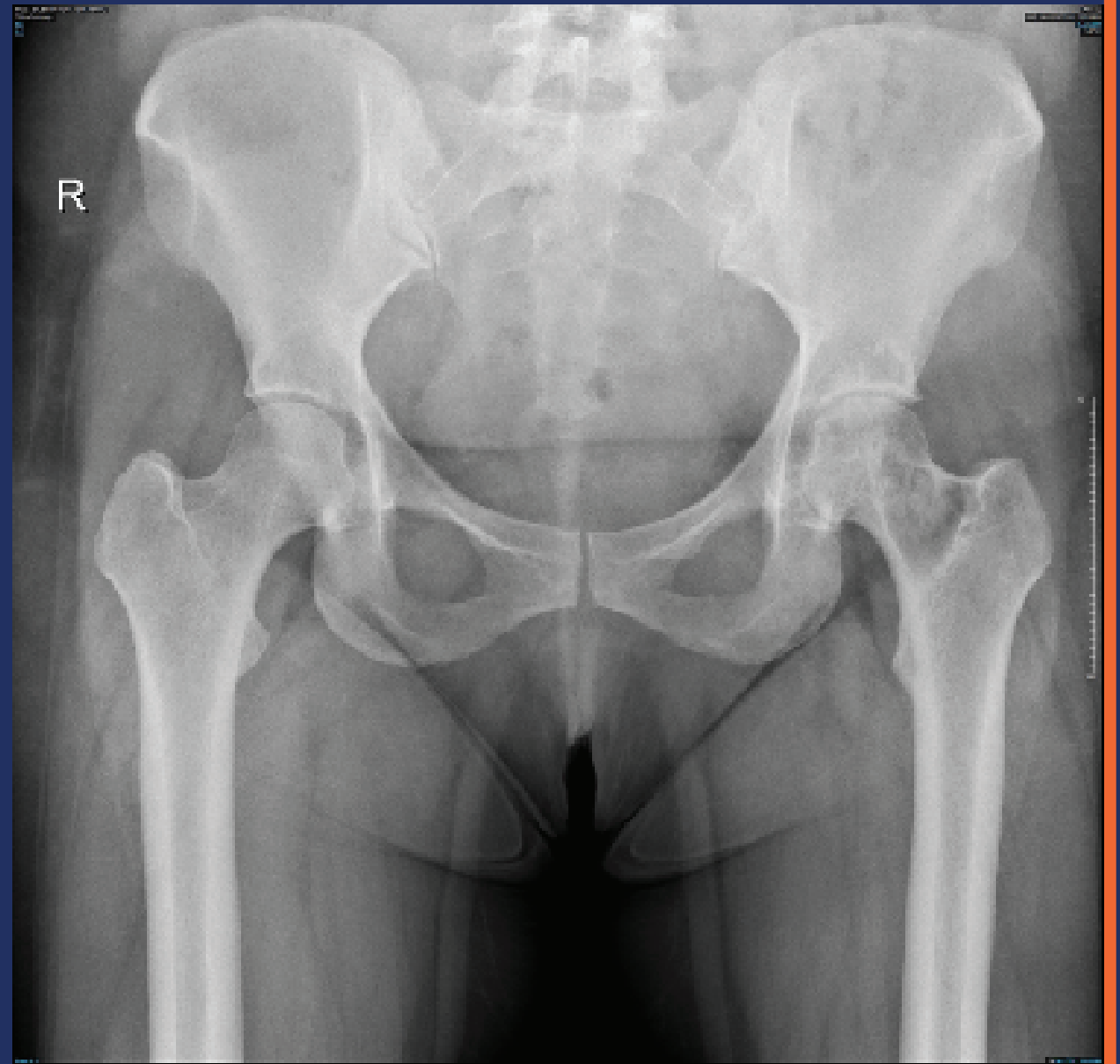
- \* (Genelde) Genç yaş gurubu
- \* Kalça bölgesi
- \* Atletik yaralanma >>> Tümör
- \* Tümörler de aynı yaş gurubu ve lokalizasyonu tercih ederler !
- \* Başlangıç semptomları benzer
- \* Kalitesiz röntgen !
- \* Persistan semptomları gözden kaçırma !



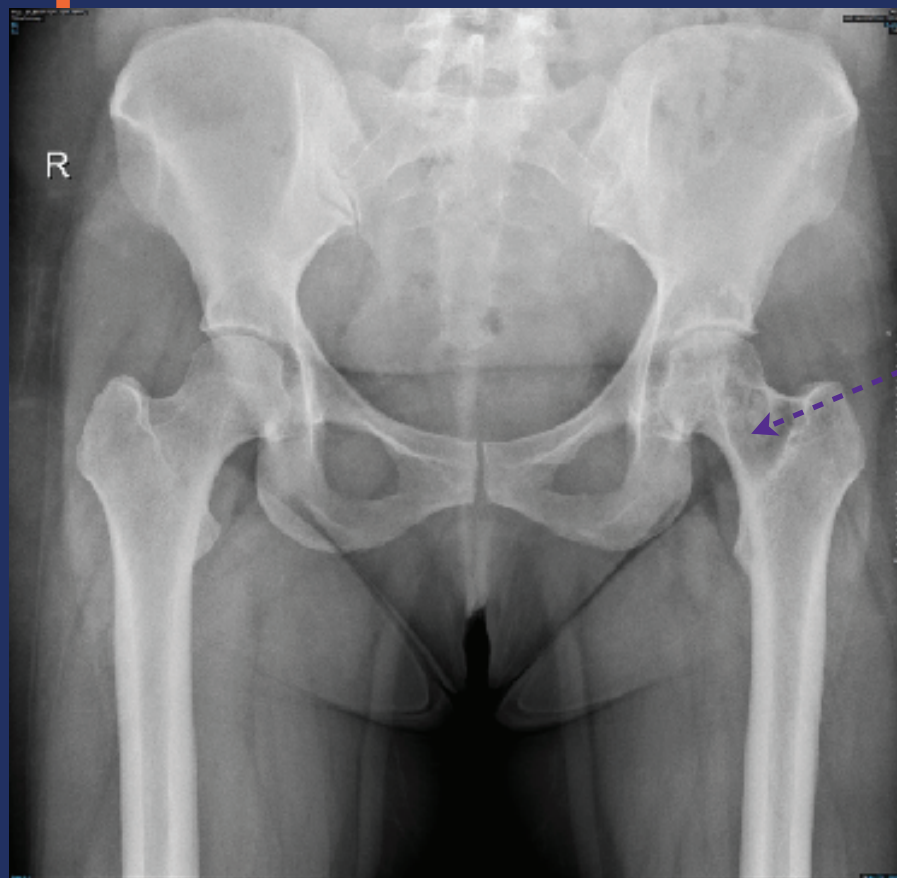
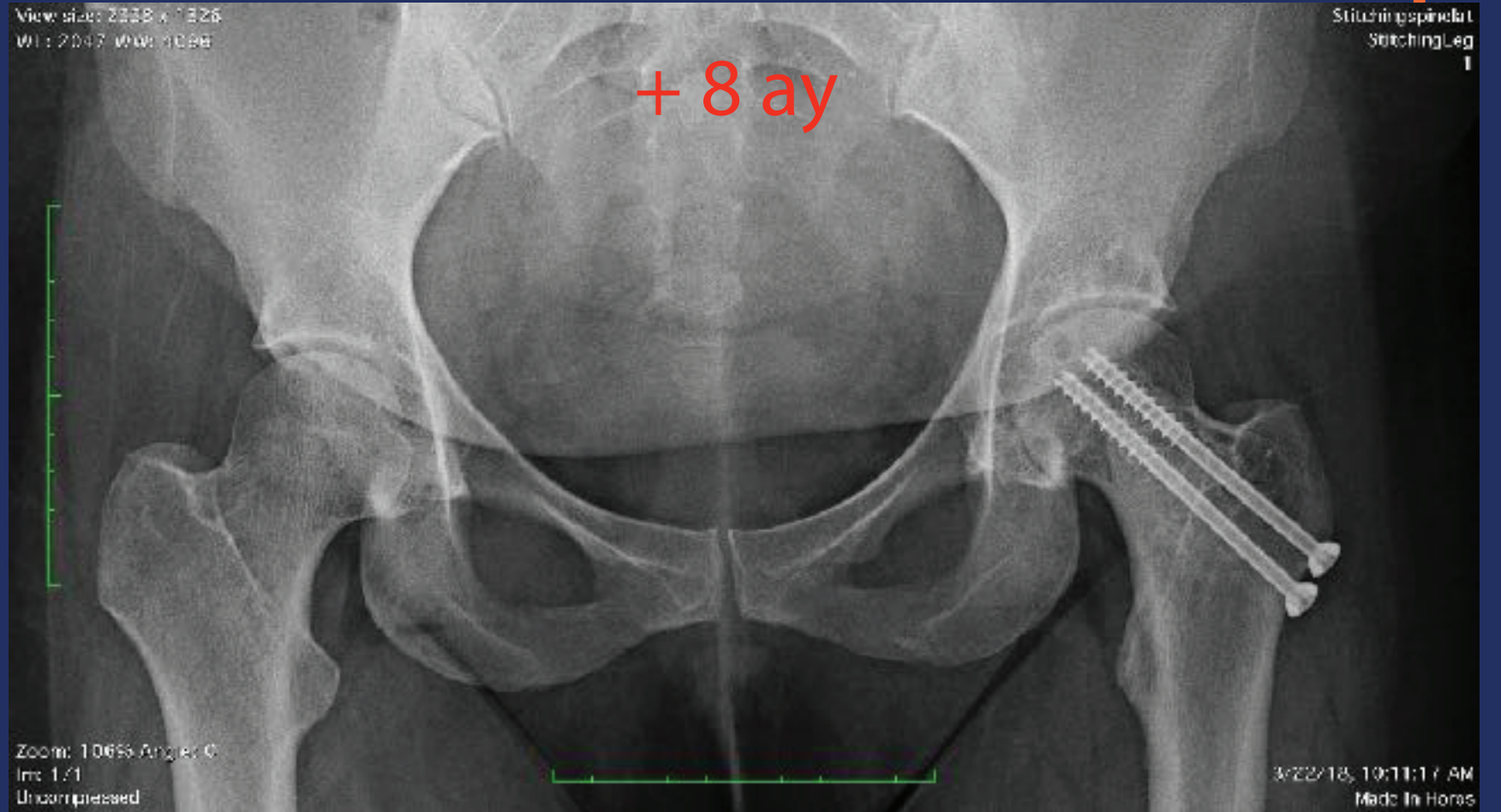
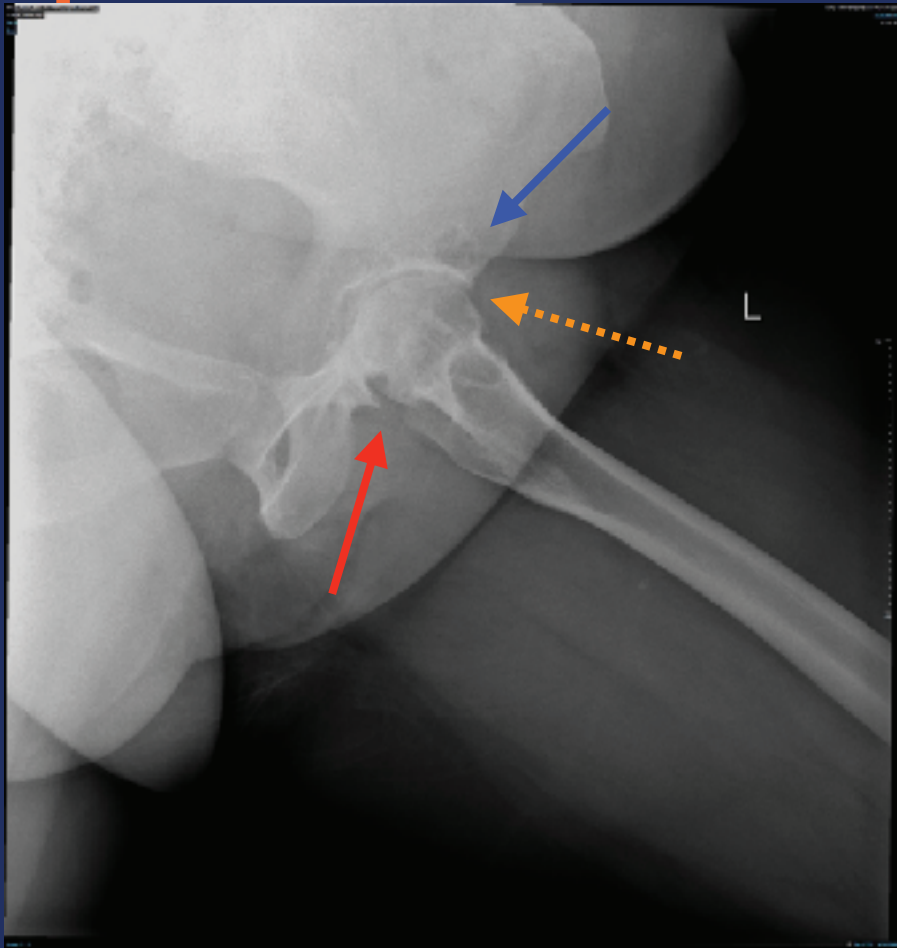
## ÖZET-2

- \* (Genelde) Genç yaş gurubu
- \* Kalça bölgesi
  - \* Atletik yaralanma >>> Tümör
- \* Tümörler de aynı yaş gurubu ve lokalizasyonu tercih ederler !
- \* Başlangıç semptomları benzer
- \* Kalitesiz röntgen !
- \* Persistan semptomları gözden kaçırma !

- \* 46 K
- \* BMİ: 30
- \* Sol kasık ağrısı
- \* Klinik ve radyolojik tanı: Artroz
- \* 2 yıl bisiklet ve plates
- \* Ağrılar istirahat + gece
- \* Öneri: Kalça TEP









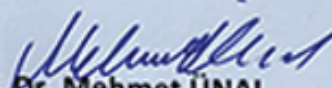


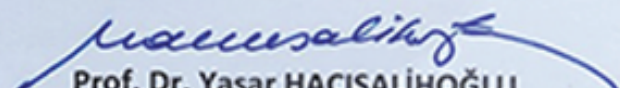
T.C.  
*İstanbul*  
YENİ YÜZYIL  
ÜNİVERSİTESİ

## TEŞEKKÜR BELGESİ

Sayın Prof. Dr. Levent ERALP

Sağlık Bilimleri Fakültesi, Fizyoterapi ve Rehabilitasyon Bölümü ve  
YENİSARUM'un 10 Mayıs 2019 tarihinde düzenlediği  
"IV. Spor Yaralanmalarına Genel Yaklaşımlar" Kongresine katkılarınızdan  
dolayı teşekkürlerimizi takdim ederiz.

  
Prof. Dr. Mehmet ÜNAL  
IV. Spor Yaralanmaları Kongre  
Başkanı

  
Prof. Dr. Yaşar HACISALİHOĞLU  
İstanbul Yeni Yüzyıl Üniversitesi  
Rektörü