

BÖLÜM 8

CERRAHİ DESTEKLİ HIZLI PALATAL GENİŞLETME

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GİRİŞ

Çeneler arasında doğru bir transvers iskeletsel ilişkinin sağlanması stabil ve fonksiyonel bir oklüzyon için temel gerekliliktir (1). Maksiller transversal darlık (MTD), kraniyofasiyal bölgede en yaygın görülen iskeletsel problemlerin başında gelir ve sıklıkla eş zamanlı olarak vertikal veya anteroposterior iskeletsel uyumsuzlukla birlikte görülür (2). MTD hem sendromik hem de sendromik olmayan hastalarda yaygın olarak görülmektedir (3). En sık bildirilen klinik bulgular arasında unilateral veya bilateral posterior çapraz kapanış, dişlerin palatal eğimi, dişsel çapraşıklık, yüksek palatal kubbe, dar ve konik ark formu ile nazal solunuma bağlı sorunlar yer almaktadır (4).

Vertikal veya sagittal uyumsuzluklardan farklı olarak MTD'nin ekstraoral olarak tanısı zordur. Ekstraoral bulgular genellikle silik, belirsizdir ve dar alar bazları, paranazal çöküklük ve derin nazolabial oluk ile sınırlıdır. Vertikal ve sagittal anomaliler sıklıkla eşlik eder; daha kolay fark edildikleri için MTD'nin ekstraoral görünümünü klinik olarak maskeleyebilirler. MTD'nin etiyojisi multifaktöriyeldir ve konjenital, genetik, gelişimsel, travmatik veya iyatrojenik faktörleri içerebilir. Nedensel faktör örnekleri arasında çeşitli sendromlar, parmak veya başparmak emme alışkanlıkları, kritik büyüme dönemlerinde ağızdan solunum, travma veya damak yarığı onarımı sonrası iyatrojenik yaralanmalar sayılabilir (5,6,7).

MTD'nin prevalansı %8,5 ile %22 arasında bildirilmektedir. Bu geniş prevalans aralığı, maksiller transvers yetersizliğin sınıflandırılmasındaki standart eksikliğine bağlanabilir. Özellikle iskeletsel uyumsuzluğun derecesi ve dental komponent-

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diş mobilitesi, gingival çekilme, dehissens ve kesici dişlerde periodontal defektlere yol açabilir. (50).

Literatürde bildirilen nadir komplikasyonlar arasında orbital kompartman sendromu (kalıcı körlük ile sonuçlanabilir), bilateral lingual anestezi ve nazopalatin kanal kisti yer almaktadır. Diğer tüm cerrahi işlemlerde olduğu gibi, SARPE'nin de risksiz olmadığı unutulmamalıdır; kabul edilebilir bir sonuç için dikkatli planlama ve titiz cerrahi uygulama gereklidir (51).

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