



BÖLÜM 4

DENTAL GENİŞLETME

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TARİHÇE

Kraniofasiyal büyümede ilk olarak transversal yöndeki büyüme (yüz genişlikleri), ikinci olarak sagittal yöndeki büyüme (yüz derinlikleri) ve son olarak da vertikal yöndeki büyüme (yüz yükseklikleri) tamamlanmaktadır (1). Büyümenin transversal yönde erken durması sonucu ortaya çıkan maksiller darlıklar Hipokrat tarafından binlerce yıl önce tanımlanmıştır (2). Dental darlıklar üst çenede daha belirgin iken, dilin alt çene arkını destekleyici etkisi ve büyüme sırasında alveoler kemiğe önemli ölçüde genişletici kuvvet uygulaması gibi nedenlerle alt çene ark formu korunmaktadır (1, 3).

Dental arkların genişletilmesine yönelik ilk ortodontik aygıt 1728 yılında Pierre Fauchard tarafından geliştirilen at nalı şeklindeki gümüş şerit olan Bandeau apareyidir (4). Bu apareyin diş çapraşıklıklarını düzelttiği bildirilmiştir. Bandeau apareyi, Angle tarafından geliştirilen E-ark apareyinin temelini oluşturmuştur (4, 5).

1757 yılında, hem Pierre Fauchard'ın öğrencisi hem de Fransa Kralının Diş Hekimi olan Etienne Bourdet, Fauchard'ın Bandeau apareyinin ağızda kararması nedeniyle gümüş yerine altın şeritleri tercih etmiş ve lingual genişletme plakları

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Literatür incelendiğinde; önceki çalışmalar arasında tedavi yaklaşımları, çalışma tasarımı ve hasta sayısı gibi kriterler açısından çokça farklılık olması nedeniyle üst çene darlığı ve/veya posterior çapraz kapanışların erken dönem tedavisine yönelik standart bir yaklaşımın olmadığı anlaşılmaktadır (82). Bununla birlikte, birçok çalışmada posterior çapraz kapanış tedavilerinin genellikle 9 yaşından önceki süt veya erken karışık dişlenme döneminde yapıldığı görülmektedir (26, 27, 48,69,93).

Üst çene darlığı ve/veya posterior çapraz kapanış vakalarında dental genişletme planlanırken maloklüzyonun tipi ve şiddeti, hasta yaşı ve uyumu, kullanılacak genişletme apareyinin tipi, apareyin başarı oranı ve dentoalveoler etkileri, tedavi süresi, apareyin olası yan etkileri ve maliyet gibi faktörler birlikte değerlendirilmelidir. Bununla birlikte tüm bu faktörlerin hepsine olumlu yanıt veren bir tedavi yaklaşımı ve apareye ait herhangi bir bilimsel kanıt bulunmamakla birlikte erken karışık dişlenme döneminde hem sabit hem de hareketli dental genişletme apareylerinin üst çene darlığı ve/veya posterior çapraz kapanışların tedavisinde yüksek başarı oranıyla etkili olduğu bildirilmiştir (82).

Alt çenede de erken karışık dişlenme döneminde, henüz daimi kanin dişler sürmeden yapılan genişletmenin stabil olacağı vurgulanmaktadır (94). Buna karşılık daimi kaninlerin sürmüş olduğu daha ileri dönemde ise; alt çenede interkanin mesafede en fazla 1 mm genişletme yapılması önerilmekte, bu miktarın üzerinde yapılan genişletmelerin stabil olmayacağına dikkat çekilmektedir.

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