



BÖLÜM 12

DUDAK DAMAK YARIKLI OLGULARDA ÜST ÇENE GENİŞLETME TEDAVİSİ

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GİRİŞ

Dudak ve damak yarığı (DDY) anomalileri dişleri, çeneleri ve yumuşak dokuları ve dolayısı ile ağız ve burun bölgesinde fonksiyonu ve yüz estetiğini etkiler. Bu deformite ile doğan olguların tedavisi doğumdan hemen sonra başlar. Tedavisi kompleks bir süreci kapsar ve interdisipliner bir tedavi protokolü içerir. Tedavi protokolleri çok çeşitli ve tartışmalı olmakla beraber, tipik olarak dudak yarığı onarımı 3-6 ayda, damak yarığı onarımı 12-24 aylarda gerçekleştirilir. Primer onarımların dışında sekonder işlemler, dentoalveoler ve dentofasiyal deformiteler, işitme konuşma fonksiyonlarının takip ve tedavileri gibi tüm tedavi sürecininin tamamlanması genellikle yetişkinliğe kadar devam eder. Konjenital deformitenin şiddeti, deformitenin cerrahi tedavisi sonucu oluşan skar dokusunun dişler, alveol kemiği ve çenelerin üzerindeki 3 boyuttaki limitleyici etkileri ve bu limitleyici etkilerin büyüme ve gelişim sürecini ve işitme, konuşma ve solunum gibi fonksiyonları ve psiko-sosyal gelişimi olumsuz etkilemesi gibi etkileşimli nedenler, bu uzun ve kompleks sürecin oluşmasına neden olur.

Üst dentoalveoler ve iskeletsel yapılarda daralma ve hipoplazi en çok primer dudak ve damak cerrahisi sonucu oluşan skar dokusunun limitleyici etkisi ile, bu-

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SONUÇ

DDY'li olgularda üst çene genişletilmesi tedavi planlamasında, yarığı olmayan olgulara göre damak şeklinin ve genişletme ihtiyacının farklılığı, alveoler kemik grefti ihtiyacı ve zamanlaması, üst çenenin üç yönlü gelişim yetersizliği ve alt çene ile olan ilişkisi, solunum ve iřitme fonksiyonları, oronasal fistül varlığı, skar dokusunun varlığı, relaps ihtimalleri ve retansiyon şekli gibi faktörler göz önünde bulundurulmalıdır.

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