



BÖLÜM 1

TRANSVERSAL YÖN BOZUKLUKLARININ ETİYOLOJİSİ VE TEŞHİSİ

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ETİYOLOJİ

En sık karşılaşılan transversal yön anomalisi olan posterior çapraz kapanış maksiller ve mandibular dişlerin sentrik oklüzyonda bukkal veya lingual yönde normal dışı ilişkisidir. Klinik olarak en sık karşılaşılan posterior çapraz kapanış maksiller bir veya daha fazla dişin bukkal tüberküllerinin mandibular dişlerin bukkal tüberküllerinin lingualleriyle temas etmesidir. Bu durum tek bir diş ile ilgili olabileceği gibi posterior segmentin tamamını da içerebilmekte, tek taraflı veya sağ ve sol her iki kadranda da izlenebilmektedir. Daha nadir olarak izlenen teleskopik kapanışta (bukkal nonoklüzyon/Brodie bite) ise maksiller posterior dişler tamamen mandibular dişlerin bukkalinde yer almaktadır. Özellikle Sınıf 2 divizyon 1 vakalarda premolar dişlerde izlenen bir transvers yön anomalidir. Nadir olarak özellikle mandibulanın retrüziv ve küçük, maksillanın ise büyük olduğu durumlarda tüm mandibular dişlerin lingualde konumlanması şeklinde izlenebilir. Brodie kapanışın görülme sıklığı literatürde %1-1.5 olarak belirtilmiştir (1).

Posterior çapraz kapanış, süt ve erken karma dentisyon dönemlerindeki ortodonti hastalarında %8-22, genel popülasyonda ise %5-23 prevalans ile kran-yofasiyal bölgede oldukça sık karşılaşılan problemlerden birdir (2-6). Posterior çapraz kapanışın teşhisi ve morfolojik/kantitatif olarak tanımlanabilmesi, sebep olan faktörlerin belirlenebilmesi; tedavi planlaması ve zamanı, kullanılacak me-

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Model analizlerinde transversal yön dişsel kompensasyonlar, mevcut olan iskeletsel anomaliyi maskeleydiğinden doğru teşhis ve tedavilerin yapılmasını engellemektedir. CBCT görüntüleri üzerinde yapılan diğer bir analiz olan Case Western Reserve Üniversitesi transversal analizinde maksiller ve mandibular kanin ve molar dişlerin bukkolingual eğimlerini değerlendirerek bir norm geliştirilmiştir. Maksiller molar dişler için transversal norm $100\pm 4^\circ$ olarak belirtilmiş ve burun tabanından geçen yatay düzlem ile molar dişlerin uzun eksenini (mesiopalatinal tüberkülü ile palatinal kök ucundan geçen doğru) arasındaki açının ölçülmesi ile belirlenmiştir. Mandibular molar dişler için bu açı $77\pm 5^\circ$ dir ve mandibula alt kenarından geçen yatay çizgi ile molar dişin uzun eksenini (santral fossa ile mesial kök ucundan geçen doğru) arasındaki açının ölçülmesi ile belirlenmiştir. Özellikle dental kompensasyonların değerlendirilmesinde daha önce anlatılan model ve klinik muayenelere destek sağlayabilecek olan bu analizin tedavi sonuçlarına anlamlı katkı sağlandığı belirtilirken tedavi süresine herhangi bir etkisi olmadığı belirtilmektedir (63-65).

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