Bölüm 5

TEMPOROMANDİBULAR EKLEM RAHATSIZLIKLARINDA MİNİMAL İNVAZİV TEDAVİ YÖNTEMLERİ

Ümmügülsüm COŞKUN[1]

Temporomandibular Eklem Rahatsızlıkları ve Tedavisi

Temporomandibular eklem (TME), fibröz bir kapsül ile çevrili temporal kemiğin artiküler yüzeyi ve mandibula kondil başından oluşan ginglymoartrodial bir eklemdir. TME rahatsızlıkları TME'nin ve çiğneme kaslarının ağrı ve fonksiyon kaybına neden olan hastalıkların ortak adıdır. TME bozukluklarının çene fonksiyonu üzerinde olumsuz etkisi vardır. Bu nedenle hastalar ağrı ve sınırlı ağız açıklığı veya kilitlenme nedeniyle çiğneme fonksiyonunu yerine getiremezler (1). Genel nüfus popülasyonunun yaklaşık %60-70'i TME bozukluklarının en az bir belirtisini göstermekle beraber bu belirtilere sahip kişilerin sadece dörtte biri bu semptomun veya semptomların farkındadır. TME rahatsızlıkları her yaşta görülebilmekle beraber erken yetişkinlik döneminde daha fazla görülmektedir. Ayrıca kadınlarda erkeklere oranla 4 kat daha fazla karşılaşılmaktadır (1,2).

En yaygın üç TME bozukluğu; miyofasiyal ağrı ve disfonksiyon, internal düzensizlikler ve osteoartrozdur (3). Miyofasiyal ağrı ve disfonksiyon en yaygın olanıdır (4,5). İnternal düzensizlikler ise çene hareketlerinde kısıtlanma veya mandibular dislokasyona neden olabilecek seviyede hipermobilite ile sonuçlanan artiküler diskin anormal pozisyonu olarak tanımlanmaktadır (1). Osteoartroz ise, esas olarak TME'nin mandibular kondilinin eklem kıkırdağını etkileyen lokalize dejeneratif bir hastalıktır ve sıklıkla yaşlı bireylerde görülür, ancak nadiren de olsa genç hastalarda da ortaya çıkabilmektedir (6).

TME rahatsızlıklarının tedavi seçenekleri; non-invaziv, minimal invaziv ve invaziv veya cerrahi yaklaşımdır (7,8). Non-invaziv tedavi yöntemleri TME rahatsızlıklarının tedavisinde ilk seçenek olarak tavsiye edilmektedir (9). TME rahatsızlığı olan hastaların %90'ı non-invaziv tedavi ile etkili bir şekilde tedavi edilebilmektedir (2). Non-invaziv tedavi seçenekleri; farmakolojik tedavi, hasta eğitimi, düzenli takip, fizyoterapi, okluzal splintler, lazer ve akapunkturdan oluşmaktadır (1,10).

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daha yüksek oranda bulunmakta olup uzamış büyüme faktörü ve sitokin salınımı elde edilmektedir (132,133)

Torul ve ark. (130) yaptıkları çalışmada Wilkes evre III hastalarında sadece artrosentez, artrosentez sonrası HA ve enjekte edilebilir TZF'nin etkinliğini değerlendirmişlerdir. Çalışmada ağrı ve maksimum ağız açıklığı değerlendirilirken, artrosentez sonrası uygulanan enjekte edilebilir TZF'nin sadece artrosentez ve artrosentez ve HA uygulanan gruplardan daha etkili olduğu belirtilmiştir. Albilia ve ark. (132) ise yapmış oldukları çalışmada Wilkes evre 1-5 hastalarına intraartiküler TZF enjekte ederek TZF'nin özellikle ileri evre Wilkes hastalarında uzun dönem analjezik etki sağladığını belirtmişlerdir.

Yuce ve Komerik (134) çalışmalarında, TME disfonksiyonu ve ağrısı olan hastalarda sadece artrosentez, artrosentez ve HA ve artrosentez ve enjekte edilebilir TZF'nin etkisini değerlendirmişlerdir. Çalışmada TZF enjekte edilen grupta ağrıda azalma ve maksimum ağız açıklığı anlamlı derecede diğer gruplardan yüksek bulunmuştur.

Enjekte edilebilir TZF ve TME rahatsızlıklarının kullanımı ile ilgili yapılan çalışmalar doğrultusunda, TME rahatsızlıklarında disfonksiyon ve ağrının tedavi edilmesinde TZF oldukça başarılı olmaktadır. Bu nedenle TME rahatsızlıklarının tedavisinde enjekte edilebilir TZF etkili ve güvenli bir tedavi alternatifi olmaktadır (130,132,134).

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