

Giriş

En sık görülen doğumsal yüz anomalisi olan yarık dudak - damak hastalarında özellikle maksilla gelişim bozukluğunun baskın olduğu orta yüz bölgesinin gelişimi ile ilgili problemler sık olarak gözlenmektedir. Tek taraflı yarık dudak - damak hastalarında yarık tarafı küçük segment gelişimi yetersiz olup süperior, posterior ve mediale doğru yer değiştirir, bilateral yarık - dudak damak hastalarında posterior alveoler segment daha büyük açılarla mediale kollabe olabilir ve bu durum aşırı dar maksilla ve posterior çapraz kapanışlara yol açar. Premaksilla süperiora veya inferiora doğru çıkıntılı olabilir ya da palatal segmente doğru deplase olabilir (1-3). Mandibula gelişimi normal olsa da sıklıkla ön açık kapanış, posterior yüz yüksekliğinde azalma ve anterior yüz yüksekliğinde artış ile prognatik bir yüz görünümü izlenir.

Ortognatik cerrahi ihtiyacı ve yaklaşımı yarık tipinin yanı sıra, tedavi merkezi ve cerraha göre de farklılıklar gösterebilir. Literatüre göre yarık hastaları % 14 ile % 75 oranında ortognatik cerrahiye ihtiyaç duyarlar (1-6). Yarık tipine göre ortognatik cerrahi oranlarına baktığımızda ise tek taraflı yarık hastalarında % 25, bazı yayınlarda % 48.3 oranında ortognatik cerrahi oranı bildirilmiştir, bilateral yarıklarda ortognatik cerrahi uygulanma oranı %65 oranında bildirilmiştir. İzole yarık damak olgularında cerrahi ihtiyacı görece daha düşük orandadır ve %12,5 oranında bildirilmiştir (4).

Ortognatik cerrahi ihtiyacının yanında yarık dudak - damak hastalarına, operasyon skarları, lateral kesici dişlerin gelişim bozukluğu, alveolar defekt, anormal nazal anatomi ve üst dudak anormal kas fonksiyonu gibi multipl problemler de eşlik eder (7).

Velofaringeal Yetmezlik

Operasyon öncesi hipernazal konuşması olan hastalar operasyon sonrası hipernazal konuşmaya devam ederler. Pre-op normal konuşma yetisine sahip yarık hastalarının %12.5 kadarı post-op velofaringeal yetmezlikle karşılaşılır (37). Pre-operatif hipernazalite ve sınırdaki yetmezlik postop fonksiyon bozukluğu için risk oluşturmaktadır (38) ve tedavi planlamasında göz önünde bulundurulmalıdır.

Anahtar Kelimeler: Lefort 1 osteotomi, ortognatik cerrahi, yarık dudak, yarık damak

Kaynakça

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