

## Kritik Travma Hastalarında Maksillofasial Travmalarının Yönetimi

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Maksillofasial travma terimi genellikle yüz iskeletinin yaralanmalarını belirtmek için kullanılır. Bu yaralanmalar, kafa tabanı, orbita, yüz, sinüsler, dentoalveolar ve hava yolu yaralanmalarıdır. Yumuşak doku yaralanmaları sıklıkla ayrı ayrı tartışılmaktadır. Bununla birlikte, kırık iskelet parçalarının doğru bir şekilde tamiri, yüz estetiği ve yumuşak dokuların yeniden düzenlenmesi için önemli etkilerinin yanı sıra görme ve çiğneme gibi kritik işlevler üzerinde önemli bir etkisi vardır. Yaralanmanın konumu ve çeşitli cerrahi müdahalelerin kapsamı yüzün son görünümünü ve göz kapakları, dudaklar ve burun gibi yüz yapılarının işlevini etkileyebilir. Bu nedenle maksillofasial travmanın uygun yönetimi kapsamlı bir yaklaşım gerektirir (1). Diğer ülkelerdeki bakım modelinin aksine, Amerika Birleşik Devletleri'nde yüz kırıklarının tedavisi ağız cerrahisi, plastik cerrahi ve kulak burun boğaz disiplinlerine yayılmıştır (2).

Maksillofasial kırığı olan hastayla ilk karşılaşma genellikle acil serviste olur. Acil tıbbi yönetimin standart hava yolu-solunum-dola-

şımına hemen dikkat edilmelidir. Hasta genellikle birçok vücut sistemini içeren bir kazanın kurbanıdır ve hemen hemen her zaman bu yaralanmalara dikkat edilmesi önceliklidir. Bozulmuş hava yolunun ele alınması önceliklidir. Geniş yumuşak doku kontüzyonu, bilateral mandibular vücut kırıkları ve maksillanın Le Fort kırıklarının tümü hava yolu obstrüksiyonu ile sonuçlanabilir. Mandibula kırıklarında nazotrakeal entübasyon uygundur, ancak maksiller kırıklarda her zaman kribriform plak veya fovea etmoidalis kırılma riski vardır. Nazal yolla entübasyon, tüpün intrakraniyal geçişi tehlikesi oluşturduğundan, hava yolunu güvenceye almak için oral entübasyon, krikotiroidotomi veya trakeostomi kullanılmalıdır (2).

Kraniyomaksillofasial yaralanmaların değerlendirilmesi, bu aralıkta dramatik olarak gelişen bilgisayarlı tomografinin (BT) birden fazla düzlemde ve üç boyutlu görüntüleme güvenilir ve doğru yeniden yapılandırmaya olanak sağlamak için yeterince yüksek çözünürlük sunar. Bu durumda cerraha kolaylık sağlar (1).

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simfizis veya vücut kırığının güvenli iyileşmesi için intermaksiller fiksasyon gerekli değildir. Pediatrik popülasyondaki kondil kırıklarının cerrahi müdahale olmaksızın tamamen yeniden şekillendiği görülmüştür; bu nedenle herhangi bir tedavi önerilmemektedir (2).

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