

BÖLÜM 30

ORTOGNATİK CERRAHİ PRENSİPLERİ



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Ortognatik terimi “orthos” düz, düzgün ve “gnathos” çene kelimelelerinden köken almaktadır (1). Oklüzyon ise diş hekimliği bağlamında, basitçe, karşıt diş kavimleri arasında ‘dişler arasındaki temaslar’ olarak tanımlanmıştır (2). Maloklüzyon (Şekil 1), bir dişin basit rotasyonundan, küçük bir diastemadan şiddetli çapraşıklık, boşluk, maxiller protrüzyona ve bunların çeşitli kombinasyonlarına kadar geniş bir yelpazede ortaya çıkabilecek varyasyonlardır (3).

Yüz iskeleti orantısızlıkları nedeniyle ciddi maloklüzyonu olan kişiler tek başına ortodonti ile tedavi edilemez. Kraniofasial yapılarda, farklı şiddetlerde ve kombinasyonlarda yükseklik, genişlik ve anteroposterior boyutlar açısından dengesizlikler bulunur. Deformite orbital, zigomatik ve kranial yapıların derinliklerine uzanabilir. Yüzdeki orantısızlıklar, orta hat problemleri veya yüz asimetrisi olarak ortaya çıkabilir (3). Örnek olarak yetişkin iskeletsel sınıf II olarak tanımlanan hastalarda büyüme potansiyelinin olmaması, fonksiyonel çene ortopedisi gibi büyüme modifikasyonu yapılan tedavilerinin yapılmasını imkânsız kılmaktadır. Bu hastalar için mevcut tüm tedaviler arasından ilk seçenek genellikle ortodonti ve cerrahi ile birlikte, ortognatik cerrahi olarak adlandırılan iskelet yapısına müdahaledir (4).

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- › Venöz tromboembolizm
- › Orta kulak iltihabı
- › Psikolojik deęişiklikler ve hasta memnuniyeti
- › Mide bulantısı ve kusma
- › Horlama veya obstrüktif uyku apnesi
- › İřitme sorunu
- › Ölüm

Ortognatik cerrahi ile iliřkili, tahmin edilmesi zor olaęandısı komplikasyonlar da dahil olmak üzere çok çeřitli komplikasyonlar vardır. Oral ve maksillofasial cerrahlar, bu komplikasyonların türlerine, nedenlerine ve tedavilerine tam olarak hakim olmalı ve bu bilgileri bu komplikasyonların geliřtięi hastalara vermelidir (65).

SONUÇ

Başarılı bir yönetimle, ekip çalışması gerektiren, her süreci hem hasta hem hekimler için zahmetli olan ortognatik tedavi süreci sonunda çok olumlu sonuçlar elde edilebilmektedir. Hastanın psikolojisini, yumuřak doku deformitesi, iskelet deformitesi ve maloklüzyon gibi deęişkenler etkiledięi için deęerlendirilmesi oldukça zor bir iřtir. Başarılı bir sonuç için hasta beklentileri doęru anlařılmalıdır.

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