BÖLÜM 5

TEMPOROMANDİBULAR EKLEM VE SİSTEMİK HASTALIKLARIN ETKİSİ

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GİRİŞ

Çiğneme fonksiyonu ve çene hareketlerinden sorumlu olan temporomandibular eklem (TME) iskelet sistemindeki kompleks karakterli eklemlerden biridir. TME fonksiyonu sıklıkla maloklüzyon, bruksizm, ortognatik tedaviler ve travma gibi lokal faktörler nedeniyle bozulabilmektedir. Lokal faktörlerin yanı sıra çeşitli sistemik hastalıklar etkisi ile de TME disfonksiyonu oluşabilmektedir. TME disfonksiyonları, klinik muayene bulguları ve radyografik görüntülemeler ile ortaya konabilmektedir. Bu bölümde, TME üzerinde patolojik etki oluşturma potansiyeli taşıyan çeşitli sistemik hastalıklar başlıklar altında anlatılacaktır.

ARTRİT

Juvenil idiopatik artrit

Still hastalığı olarak da bilinen juvenil idiopatik artrit (JİA), 16 yaşından önce belirmeye başlayan ve hastalarda TME'i unilateral veya bilateral olarak %40 ila %96 arasında etkilediği düşünülen sistemik, kronik, romatolojik ve enflamatuar bir artrit türüdür (1,2). Belirli aralıklarla sinoviyal inflamasyonun görüldüğü JİA kadınlarda daha sık görülür ve sistemik bulgular eklemlerde ağrı ve laterji ile seyreder. Genellikle TME asemptomatiktir ancak aktif hastalık TME'i etkilediğinde semptomlar görülür. Çiğneme kaslarında ağrı, eklem bölgesinde şişlik ve ağız açıklığı kısıtlılığı başlıca bulgulardır. TME tutulumu genelde unilateral olup, ciddi TME tutulumunda mandibular gelişim geriliği, buna bağlı olarak da açık kapanış ve "kuş yüzü" görünümü oluşabilir (1,3).

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maktadır (84). Yıllık prevalansı %2-4 arasındadır ve kadınlarda 6-9 kat daha sık görülmektedir (85,86). Çiğneme kaslarını ve maksillofasiyal bölgeyi etkileyen ağrılı durumların başında TME hastalıkları gelmektedir ve FM ile ilişkili olabilir (87). Bazı çalışmalarda FM hastalıklarında görülen TME hastalık oranının %71'in üzerinde olduğu belirtilmiştir (88,89). Çiğneme kasları ile ilişkili ağrı, ağız açıklığı kısıtlılığı ve fonksiyon kaybı FM hastalarında sık karşılaşılan TME hastalık bulgularıdır (90,91).

FM hastalarının temporomandibular eklemiyle ilişkili değişiklikleri gözlemlemek amacıyla alınan BT'de kondiler erozyon, eklem boşluğunun azalması ve mandibular kondilin posteriorda konumlanması gibi bulgulara rastlanmaktadır (91).

FM tedavisinde farmakolojik ve non-farmakolojik olmak üzere iki ana grupta değerlendirilebilecek geniş bir terapi prosedürü bulunmaktadır (92). Antidepresanlar, antiepileptik ilaçlar, kas gevşeticiler ve NSAİ ilaçlar farmakolojik terapide tercih edilen preperatları oluşturmaktadır (92,93). Egzersiz, akupunktur ve masaj terapisi ise non-farmakolojik destekleyici tedavi prosedüründe yer almaktadır (92).

SONUÇ

TME disfonksiyonları, diş hekimlerinin klinikte sıkça karşılaştıkları bir durum olması ve tedavi prosedürlerinin kompleks olması sebebiyle inatçı patolojilerdir. Çeşitli sistemik hastalıklar, TME üzerinde patolojik değişim oluşturma potansiyeline sahiptir. Klinikte TME üzerine etki gösterebilecek sistemik hastalığa sahip ve TME ile ilişkili dejeneratif bulgu tespit edilmeyen hastaların risk altında olduğunun bilinmesi diş hekimleri için erken teşhis ve koruyucu tedaviler açısından önem arz etmektedir.

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