

BÖLÜM 11

TEMPOROMANDİBULAR EKLEM VE ROMATOLOJİK HASTALIKLAR

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GİRİŞ

Temporomandibular eklem basın tek hareketli eklemi olup vücuttaki en karmaşık eklemlerden biridir. Temporomandibular eklem (TME) dış kulak yolunun hemen önünde, temporal kemигin altındaki fossa artikularis ile mandibulanın kondili arasında yer alır. Sıkı fibröz doku, artiküler disk, bağ ve kaslardan oluşur (1). Mandibulada kaput mandibula ve kollum mandibula eklemin alt kemik bölmünü; temporal kemигin skuamoz (pars squamosa) parçasındaki mandibular fossa (glenoid fossa) ve artiküler tüberkül (genial tüberkül) üst kemik bölümünü oluşturur (2,3). Hem menteşe hareketi hem de kayma (translasyon) hareketini birlikte yapan tek eklem olup kişiden kişiye ve aynı kişinin sağ ve sol eklemlerinde değişkenlik gösterebilen birleşik bir eklemdir (4,5).

Temporomandibular eklem disfonksiyonu (TMD) çığneme kasları, temporomandibular eklem ve ilgili yapıları içeren karmaşık bir problemdir. Genellikle bir yüz yarısında ağrı, çığneme kaslarında palpasyonla hassasiyet, eklemden gelen klik sesi veya ağız açmada kısıtlılık gibi semptomlar göstermektedir (6).

Epidemiyolojik açıdan bakıldığına TMD genel populasyonda sık görülmektedir. 20-40 yaş aralığında daha sık görülmekle birlikte her yaş aralığında karşılaşılan bir durumdur. TMD kadın cinsiyette daha sık görülür ayrıca kadınlarda klik sesi ile sert ve yumuşak doku hassasiyetinin erkeklerle oranla daha sık olduğu yapılan çalışmalarda bildirilmiştir. Kadın cinsiyette görülen yüksek prevelans oranları muhtemel biyolojik psikolojik ve veya sosyal farklılıklar; hormonal ve bağ dokusunun cinsiyetler arası farklı özellikleri ile ilişkilendirilmiştir (7). 20-40 yaş

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sindaki ilişkinin değerlendirilmesi, TME tutulumunun ilerlemesi ve oluşabilecek olumsuz sonuçların daha erken önlenebilmesi açısından büyük önem arz etmektedir.

TME tutulumu ile giden romatolojik hastalıkların tedavisinde oral steroid tedavisi, DMARD, NSAİ ve metotreksat kullanımını tek ya da değişik kombinasyonlar halinde kullanılmaktadır. Farklı tedavilerin kombinasyonuna eklenen fizyoterapinin tedavi etkinliğini ve sonuçlarını iyileştireceği düşünülmektedir. Bu noktada diş hekimleri fizyatristler ve romatologlar arasında interdisipliner yaklaşım ile romatolojik hastalıklarda TME tutulumu erken teşhis ve tedavisi gerçekleştirilmelidir.

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