

### Obstrüktif Uyku Apne Sendromu Tedavisinde Diş Hekimliği Uygulamaları

Hakkı YILMAZ<sup>1</sup>

#### GİRİŞ

Uyku apnesi, 10 saniye veya daha fazla süren ve uykuda saatte 5'ten fazla tekrarlayan, kortikal uyku uyarıları (nefesi yeniden sağlamak için) ve/veya oksijen desatürasyonu ile ilişkili, solunum durması (apne) veya hava akımı azalması (hipopne) olarak tanımlanır (1,2). Üst solunum yolu obstrüksiyonu, nazal/kraniyofasiyal anomaliler veya obezite ile ilişkili olduğunda, obstrüktif uyku apnesi (OUA) olarak sınıflandırılırken, beyinden gelen anormal solunum uyarılarından (çok yüksek veya çok az) kaynaklandığında, merkezi uyku apnesi olarak sınıflandırılır (3). Santral uyku apnesi sıklıkla kalp yetmezliği, morbid obezite veya merkezi sinir sistemini baskılayan ilaçlar (opioidler ve benzodiazepinler vb.) ile ilişkilidir (4).

Normal uyku, havanın doğrudan akciğerlere geçmesiyle gerçekleşir. Tıkanmış bir hava yolunda, boğazın arkasındaki yapılar (dil, bademcikler ve/veya adenoidler) dilin ve/veya hava yolu dilatör kaslarının yetersiz motor tonusu nedeniyle hava yolunu tıkar ve böylece havanın geçmesini engeller. Bu, 10 ila 30 saniye veya daha uzun süre herhangi bir yerde nefes ve oksijen kaybına neden olan üst solunum yolunda tekrarlayan tıkanıklık atakları yaratır. Bu meydana geldiğinde, kan oksijen seviyeleri düşer ve kalp atış hızı ve kan basıncı yükselir (5). Beyin nihayetinde kişiyi kısmen veya tamamen uyandıran ve vücudu nefes alması için uyaran ve hastanın nefes nefese kalmasına neden olan bir tehlike sinyali gönderir (6). Klinik olarak OUA, gündüz uyku hali, yüksek

<sup>1</sup> Dr. Öğr. Üyesi, Hatay Mustafa Kemal Üniversitesi Diş Hekimliği Fakültesi, Ortodonti AD.,  
hkkylmz@hotmail.com

OUA tanısı doktorlara, özellikle de eğitimleriyle OUA'nın diğer tıbbi alanlarla etkileşimini değerlendirebilecek olan uyku uzmanlarına bırakılmalıdır (68). Bu kısıtlama, eğitim ve uzmanlık nedenleriyle tanı testlerinin yapılmasını ve yorumlanmasını içermelidir (69).

OUA'lı hastaları OA'nin uygunluğu açısından değerlendirmede, uygun OA'i seçmede, OA'i ayarlama ve hastayı yan etkiler açısından değerlendirmede diş hekimleri çok önemli bir rol oynamaktadır (70,71). Bu işlerin gerçekleştirilmesinde diş hekimlerinin sevk eden uyku tıbbi doktoruyla işbirliği içinde çalışması esastır. Bu durum sağlandığında, hastaların etkili tedavisi için en iyi imkanlar sağlanmış olacaktır (69).

OA ile OUA tedavisinde hem uyku hekimleri hem de uzman diş hekimleri önemli rollere sahiptir (72,71,73). Uyku doktoru tanıyı doğrulamalı ve OA tedavisini önerebilmelidir. Diş hekimi, OA tedavisinin uygun olduğunu onaylamalı ve tedaviyi başlatmalıdır. Takip, her biri alanlarında uzman diş hekimi ve hekim tarafından yapılmalıdır. Hastaların OUA tedavisinde en etkili bakımı alabilmeleri için alanında uzman bir diş hekimi ile uyku hekimi arasında işbirliğine dayalı bir ilişki kurulması önemlidir (69).

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