

Bölüm 2

ALT ÇENE GERİLİĞİNDEN KAYNAKLI SINIF II MALOKLUZYONLARIN FONKSİYONEL ORTOPEDİK TEDAVİSİNDE INVISALIGN MA

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GİRİŞ

İskeletsel kökenli Sınıf II malokluzyonlar maksiller protrüzyon, mandibuler retrüzyon veya her ikisinin kombinasyonu neticesinde oluşmaktadır (1-3). Çenelerin sagittal yön uyumsuzluğuna sıklıkla transversal ve vertikal yön problemleri de eşlik etmektedir (4). Retrognatik mandibuladan kaynaklı Sınıf II malokluzyonlar, orofasial yapıların estetiğini ve fonksiyonel yapılarını olumsuz yönde etkileyebilen yaygın bir deformitedir (5). Bu deformite aynı zamanda damak boyutu (6), ağız solunumu (7), uyku apnesi (8), atipik yutkunma (9), kötü alışkanlıklar (10) veya TME bozuklukları (11) gibi ortodontistin dikkatini gerektiren çeşitli klinik durumlarla da ilişkili olabilmektedir. Etiyolojisi karmaşık olmakla birlikte genel olarak kalıtım, çevresel faktörler, hastalıklar ve temporomandibuler eklemi (TME) olumsuz etkileyen birçok faktör Sınıf II malokluzyonun oluşumunda rol almaktadır.

Retrognatik mandibuladan kaynaklı Sınıf II malokluzyonun büyüme gelişim dönemindeki tedavisinde, mandibuler büyümeyi indüklemek için yıllar boyunca çok çeşitli hareketli (Twin Blok, Bionator, Frankel ve aktivatörler vs.) ve sabit (Herbst, Powerscope ve MARA vs.) fonksiyonel apareyler tasarlanmış ve uygulanmıştır (2,12,13). Ancak geleneksel fonksiyonel ortopedik apareyler dental arkların düzeltilmesinde konforsuz ve zahmetli olabilmekle beraber tedavi süresi uzayabilmektedir (5). Hareketli apareylerin takıp çıkarılabilir ve temizlenebilir olması, yapımlarının kolay olması, maliyetlerinin düşük olması ve ağız hijyeninin kolay sağlanabilmesi gibi avantajlarının yanı sıra, tükürük

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Mandibuler ilerletme özelliğine sahip şeffaf hizalayıcıların farklı büyüme ve gelişim evrelerinde kullanımını farklı oranlarda iskeletsel ve dentoalveoler sonuçlar doğurmaktadır.

Invisalign MA, anterior dişlerin tork kontrolünü sağlamakta başarılı görünmektedir. Şeffaf hizalayıcılar, geleneksel fonksiyonel apareylerin kullanımında görülebilen üst keser retroklinasyonu ve alt keser proklinasyonunu sınırlandırabilmekte, böylece overjeti ve Sınıf II malokluzyonun iskeletsel düzeltimi için gerekli aktivasyon aralığını koruyabilmektedir.

Mandibuler ilerletme amacıyla yerleştirilen hassas kanatları içeren şeffaf hizalayıcıların yeni bir sistem olması sebebiyle çeşitli limitasyonları bulunmaktadır.

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