

## Bölüm 12

# OBSTRÜKTİF UYKU APNESİ TEDAVİSİ İÇİN ORTOGNATİK CERRAHİ

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### 1.GİRİŞ

Obstrüktif Uyku Apnesi Sendromu (OSA), uyku sırasında tekrarlayan kesintili solunum atakları ile karakterize edilen bir uyku bozukluğudur. Tipik olarak boğazın arkasındaki yumuşak doku uyku sırasında çöktüğünde, hava yolunun fiziksel olarak tıkanmasından kaynaklanır. OSA'nın kesin prevalansı bilinmemekle birlikte, taranan popülasyonlarda %2 ila %14 arasında değişmektedir. Erkeklerin OSA'ya sahip olma olasılığı kadınlardan üç kat daha fazladır. Obez olmayan premenopozal kadınlarda özellikle nadirdir; ancak hormon tedavisi almayan menopoz sonrası kadınlarda OSA oranları, benzer yaş ve vücut kitle indeksine sahip erkeklerde OSA oranlarına yaklaşmaktadır. OSA prevalansı, özellikle 60 yaşın üzerindeki kişilerde yaşla birlikte artar. OSA ayrıca obez kişiler arasında daha yaygındır. Hem yaşlanan bir nüfus hem de artan obezite oranı, bir toplumdaki artmış OSA oranına katkıda bulunur. OSA yetişkinlerde daha sık gözlenen bir hastalık olsa da çocuklarda da görülebilmektedir (1, 2). Çocukların %1 ila %5'inde belgelenmiştir. Bu, kandaki oksijen seviyelerinin düşmesine yol açar ve bu da çeşitli sağlık sorunlarına neden olabilir. Bu durumun bilişsel davranış, mesleki yetersizlik ve serebrovasküler ve kardiyovasküler hastalık gibi daha kötü tıbbi komorbiditeler üzerinde önemli bir etkisi olabilir (3). 1985'ten önce OSA, yalnızca kulak burun boğaz ve akciğer tıbbının tıbbi uzmanlık alanları tarafından araştırılan ve tedavi edilen bir hastalıktı. Her geçen yıl, daha fazla hastaya teşhis kondukça ve bu obstrüktif hava yolu hastalığının etkisi arttıkça, prevalansı ürkütücü bir hızla arttı. Kardiyovasküler sistem sorunları, kronik gündüz uyku hali ile ilişkili sosyal sorunlar, gece meydana gelen ani ölüm gibi

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