

Bölüm 6

BOTULİNUM TOKSİNİ VE MAKSİLLOFASİYAL BÖLGEDE KULLANIMI

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GİRİŞ

Botulinum toksini Clostridium botulinumun sentezlediği, nöromüsküler kavşakta asetilkolin salgılanmasını önleyerek geçici olarak kimyasal denervasyona neden olan bir nörotoksindir. Bu toksin hedef organlarda aktivasyonun 3 ila 4 ay süreyle azalması veya kaybolması şeklinde etkisini gösterir.

Botulinum toksini, Kas hipertrofileri, oro-fasiyal distoniler veya bu sebeplerden dolayı bozulmuş olan kas koordinasyonu, TME eklem düzensizlikleri, brüksizm, cerrahi operasyon sonrası mimik kaslarından kaynaklanan problemlerin kozmetik düzeltilmesi, mandibulanın ileriye alındığı operasyonlar neticesinde relapsın önlenmesi, kozmetik düzeltmeler, tükürük bezlerinin malfonksiyonları, myofasiyal ağrılar, geniohyoid kasta paralizisi vb. klinik durumlarda kullanılmaktadır. Uygulamalar esnasında istenirse elektromyografi tarzı ilave tekniklerden faydalanılabilmektedir.

2.1. BOTULİZM VE BOTULİNUM TOKSİNİN TARİHÇESİ

Botulinum toksini spesifik bir ekzotoksindir ve Clostridium botulinum (gram pozitif anaerob bir bakteri) tarafından sentezlenir ve en güçlü nörotoksindir. Tetanoz toksininden 4 misli, kürardan 10^{10} misli, Na siyanitten 10^{12} misli daha öldürücü olduğu tesbit edilmiştir. Toksin renksiz ve kokusuzdur ve inkübasyon süresi 1-3 gündür (1,2).

Kontamine yiyeceklerden, kontamine yaralardan, bebeklerin veya daha seyrek olarak da erişkinlerin intestinal kolonizasyonlarından botulizm tablosu gelişebilir. Genellikle ilk belirti toksinin kranyal sinirlerdeki aktivasyonu sebebiyle bulanık ve çift görmedir. Ciddi olmayan tablolarda bu ilk semptomla sınırlı kalabilir. Daha ciddi vakalarda, ağız kuruluğu, disfaji, kaslarda zayıflık ve son safhada ise mortalityete sebep olan nefes almada güçlü gibi periferik otonom ve nöromüsküler

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hastalar hem de hekimler tarafından her geçen gün daha çok tercih edilmekte ve kullanım alanları genişlemektedir.

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