

BÖLÜM 7

Ortodontide Büyüme Modifikasyonları ve Erken Dönem Tedaviler

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GİRİŞ

Ortodontik tedavinin zamanlaması, başarılı sonuçlar elde etmek için kritik öneme sahiptir. Erken ortodontik müdahale, gelişmekte olan maloklüzyonların ilerlemesini önleyerek daha karmaşık problemlerin ortaya çıkmasını engellemek ve ileriki dönemde yapılacak tedavi sürecini kolaylaştırmak amacıyla uygulanır. Süt ve erken karışık dişlenme dönemlerinde başlayan tedavilerin, maloklüzyonların önemli bir kısmında olumlu etkiler sağladığı, bazı durumlarda ise tamamen düzelme sağladığı gösterilmiştir. Maloklüzyon türüne göre farklı erken tedavi yaklaşımları mevcuttur; posterior çapraz kapanışlar, sınıf II ve sınıf III maloklüzyonlar ile açık/derin kapanış vakalarında büyüme potansiyelinden yararlanarak uygun apareyler ve teknikler kullanılmaktadır.

Erken müdahale hem iskeletsel hem de dental gelişimi yönlendirebilir, psikososyal sorunların azaltılmasına katkı sağlar ve tedavi süresini kısaltabilir. Ancak, her hasta bireysel değerlendirilerek, uygun zaman ve yöntemle tedavi planlanmalıdır. Bu yaklaşım, tedavi başarısını artırırken hastanın yaşam kalitesini olumlu etkilemektedir.

Bu makalenin amacı, erken ortodontik tedaviye ilişkin güncel durumu özetlemek, konuya dair kanıta dayalı literatürü sunmak ve araştırmaların çelişkili olduğu durumlarda, yazarların kapsamlı klinik deneyimlerine dayanarak etkinliği kanıtlanmış basit ve kısa süreli tedavi yaklaşımlarını okuyucularla paylaşmaktır.

7.1 Ortodontide Zamanlama: Erken vs. Geç Müdahale

Ortodontik müdahalelerin ideal zamanlaması, uzun zamandır süregelen ve sürekli tartışılan bir konudur. Gelişmekte olan maloklüzyonları düzeltmek ya da ileride yapılacak

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Maloklüzyon Türlerine Göre Erken Müdahale

- * Posterior çapraz kapanış: Maksiller genişletme (RME veya Hawley vidalı aparey) ile fonksiyonel kaymaların önlenmesi.
- * Sınıf II: Erken dönemde genelde yalnızca travma riski veya psikososyal nedenlerle; fonksiyonel apareyler (Twin block, Monoblok, Joho plağı) pubertal büyüme döneminde daha etkili.
- * Sınıf III: Maksiller darlık + ilerletme (RME + yüz maskesi), geç dönemde cerrahi ihtiyacını azaltabilir ya da tamamen ortadan kaldırabilir.
- * Ark boyu uyumsuzluğu: Genişletme (Hyrax, Schwarz, lip bumper) veya gerekli durumlarda seri çekim.
- * Vertikal uyumsuzluklar:
 - * Açık kapanış: Alışkanlık kırıcı aparey + miyofonksiyonel tedavi.
 - * Derin kapanış: Servikal headgear veya fonksiyonel aparey ile posterior sürme teşviki.
- * Trainer sistemleri: Miyofonksiyonel alışkanlıkları düzeltmek, transversal/dikey gelişimi desteklemek, burundan solunumu teşvik etmek.

Klinik İpuçları

- * Her vaka bireysel değerlendirilmelidir; tek protokol yoktur.
- * Tedavi sıralaması, büyüme dönemine ve vakaya özel belirlenir.
- * Erken müdahalede amaç, fonksiyonel, estetik ve psikososyal faydaları aynı anda sağlamaktır.
- * Retansiyon süreci uzun tutulmalı, relaps riski gözetilmelidir.

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