

# BÖLÜM 2

## Büyüme ve Gelişim

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### GİRİŞ

Büyüme, bebekler ve çocuklar için nörolojik gelişimdeki ilerlemeyle eş zamanlı olarak gerçekleşen ve beklenen bir fiziksel süreçtir (1). Büyüme bir yapının farklı bölümleri arasındaki oranlarda bir değişim olmadan, boyutlarda oluşan hacimsel artış şeklinde tanımlanmaktadır (2).

Gelişim ise; büyüme sırasında yapının farklı bölümleri arasındaki birbirlerine göre oranlarının değişimi olarak tanımlanmaktadır (3).

Kraniyofasiyal büyümeyi açıklamak amacıyla Genetik, Fonksiyonel, Sentetik ve Servosistem teorileri geliştirilmiştir. Genetik teori, farklı yapıların rolünü vurgulayan üç alt başlıkta incelenir: *kemik merkezli genetik kontrol, sütür bölgelerindeki genetik etkileşimler ve kırıldak yapıların genetik yönlendirmesi* (4). Buna karşın ilerleyen dönemde Moss (5, 6), dikkati 'fonksiyon'a yönelterek bunu, kemik-doku-boşluk etkileşiminden oluşan karmaşık bir sürecin nihai sonucu olarak açıklamıştır (Fonksiyonel teori). Sentetik teoriye göre kranium ve yüz gelişiminde belirleyici bir yapı olarak kabul edilen kondrokranyum, genetik kökenli olup özellikle orta yüz bölgesi ile kranial kubbenin morfogenezinde önemli bir rol oynamaktadır. Benzer biçimde, çevresel faktörler de bazı yapıların gelişiminde rol oynamaktadır (7). Bir diğer sentetik teori ise Servosistem Teorisi'dir. Petrovic (8), genetik ve endokrin mekanizmalarla kontrol edilen kranial taban sinkondrozisi ile septum kırıldakının üst maksiller gelişim ve pozisyonunda önemli rol oynadığını belirtmiştir. Mandibula, oklüzal değişikliklere uyum sağlayarak periodontal ve temporomandibular eklem proprioseptörlerini aktive eder ve böylece Merkezi Sinir Sistemi'ne bilgi iletir. Bu süreç, mandibular kasların etkisiyle kondiler büyüme uyaran bir tepkiyi başlatır.

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- \* Kızlarda bu süreç genellikle 10-12 yaş aralığında başlarken, erkeklerde 12-14 yaşları arasında gözlenmektedir.

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