

BÖLÜM 4

ÇOCUKLARDA AĞIZ SOLUNUMU VE DENTOFASİYAL ETKİLERİ

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1. GİRİŞ

Nazal solunum, doğumdan itibaren gelişen ilk fizyolojik fonksiyon olup (1), akciğerler için havanın temizlenmesi, nemlendirilmesi ve ısıtılmasından sorumludur (2). Fonksiyonel matris teorisine göre, kraniyofasiyal kompleksin dengeli gelişimi için normal nazal solunum fonksiyonu oldukça önemlidir (3). Ağız solunumu ise, hava yolunun aşırı büyümüş tonsil ve adenoidler, nazal septum deviasyonu, sinüzit, konka hipertrofisi veya nazal polip gibi nedenlerle tıkanması sonucunda ortaya çıkan, fizyolojik olmayan bir durumdur (2). Nazal solunum paterninin, ağızdan veya karışık solunumla kısmen ya da tamamen yer değiştirmesiyle ortaya çıkan çeşitli bulgular ise **ağız solunumu sendromu** olarak tanımlanmaktadır (4).

Ağız solunumu, inspiratuvar havanın %25–30'dan fazlasının nazal pasajlar yerine oral kavite yoluyla alınması şeklinde tanımlanır. Çoğunlukla üst solunum yolu obstrüksiyonuna bağlı olarak nazal hava akışının azalması sonucunda gelişir (5, 6). Çocuklarda en yaygın görülen zararlı oral alışkanlıklardan biri olan ağız solunumu, aynı zamanda obstrüktif uyku apnesinin de önemli klinik göstergelerindendir (7,8). En az altı ay boyunca bu şekilde nefes alan bireyler, ağız solunumu yapan kişi olarak kabul edilir (9).

Anormal ısırma, dil fonksiyon bozuklukları, çiğneme alışkanlıkları veya uykuyla ilişkin bazı alışkanlıklar gibi (10) ağız solunumu da yaşla birlikte kendiliğinden ortadan kalkabilir. Ancak, üst solunum yolu obstrüksiyonunun zamanında tedavi edilmemesi ya da obstrüksiyon giderilmiş olmasına rağmen ağızdan soluma alışkanlığının devam etmesi durumunda; dentofasiyal kompleksin normal gelişimi

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