

## BÖLÜM 12

# TEMPOROMANDİBULAR EKLEM ARTROSENTEZİ VE GÜNCEL YAKLAŞIMLAR

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### GİRİŞ

Temporomandibular eklem (TME), mandibula ile temporal kemik arasında yer alan kompleks bir sinoviyal eklemdir. Çiğneme, konuşma ve yüz ifadelerinin gerçekleşmesinde kritik rol oynar. TME, hem menteşe (rotasyon) hem de kayma (translasyon) hareketlerini gerçekleştirebilen özelliği sayesinde, mandibular fonksiyonların geniş bir hareket aralığında ve koordineli bir biçimde sürdürülmesini sağlar. Bu kompleks yapının anatomik ve biyomekanik hassasiyeti, eklem patolojilerinin klinik olarak belirgin semptomlarla ortaya çıkmasına yol açabilir (1).

TME bozuklukları (TMEB), multifaktöriyel etiyolojiye sahip olup, disk displasmanı, sinovyal inflamasyon, adezyonlar, osteoartrit ve ligament veya kas fonksiyon bozuklukları gibi patofizyolojik mekanizmaların etkileşimiyle şekillenir. Bu bozukluklar, çiğneme sırasında ağrı, mandibula hareketlerinde kısıtlılık, eklem kilitlenmeleri ve fonksiyon kaybı gibi klinik belirtilerle kendini gösterir. Hastaların yaşam kalitesini olumsuz etkileyen TMEB, uygun tanı ve tedavi planlaması gerektiren önemli bir klinik problemidir.

Konservatif tedavi yöntemler (ilaç, fizik tedavi, splint uygulamaları) çoğu hastada ilk tercih olmakla birlikte, internal düzensizlikler ve eklem içi adezyonlar gibi durumlarda yeterli iyileşme sağlanamayabilir. Bu bağlamda, minimal invaziv girişimler, özellikle TME artrosentezi, internal düzensizlikler ve eklem içi patolojilerde etkin bir tedavi seçeneği olarak öne çıkmaktadır. Artrosentez, eklem boşluğuna erişim sağlayarak inflamatuvar mediatörlerin temizlenmesini ve adez-

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tedavi alternatifi sunmakta ve hastaların fonksiyonel ve klinik iyileşmesini sağlamaktadır. Gelecekteki araştırmalar, özellikle yeni rejeneratif ajanlar ve görüntüleme kılavuzlu tekniklerin uzun dönem etkinlik ve güvenlik profillerini daha net ortaya koyacaktır.

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