

## Bölüm 2

# ORTOGNATİK CERRAHİ KOMPLİKASYONLARI

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### GİRİŞ

Ortognatik cerrahi; maksillofasiyal deformitelerin okluzal bozuklukların, fonksiyonun, temporomandibular eklem hastalıklarına bağlı ağrının, estetik beklentilerin ve obstrüktif uyku apnesinin cerrahi tedavisinde önemli bir seçenektir.<sup>1,2,3</sup> Bu cerrahi yaklaşım genel olarak dentofasiyal kemiklerin özellikle maksilla ve mandibulanın yeniden anatomik uyumunun sağlanması ve fonksiyon ile estetiğin elde edilmesi esasına dayanır.<sup>4</sup> Bu cerrahi yaklaşımlarla iskeletsel yapılarda meydana getirilen değişiklikler yumuşak dokuları da doğrudan etkilemektedir.<sup>5</sup> Maksillofasiyal cerrahlar tarafından ortognatik cerrahide en çok tercih edilen teknikler ise Lefort 1 osteotomisi, bilateral sagittal split osteotomisi ve genioplastidir.<sup>6</sup> Ortognatik cerrahi işlemlerinde çeşitli komplikasyonlar meydana gelebilir. Bu komplikasyonları 3 bölüme ayırabiliriz. Bunlar; preoperatif, intraoperatif ve postoperatif komplikasyonlar.

Zaroni ve ark. 485 ortognatik vakadan oluşan retrospektif bir çalışma yürütmüşler ve meydana gelen komplikasyonları değerlendirmişlerdir. Vakaların %19.2'sinde (n=93) komplikasyon olduğunu bildirmişlerdir. Bu komplikasyonların 28'i intraoperatif dönemde ve 65'i ise postoperatif döneme meydana gelmiştir.<sup>3</sup>

Frischia ve ark. 2005 ile 2015 yılları arasında ortognatik cerrahi operasyonu geçirmiş 423 hastanın (200 erkek, 223 kadın ve ortalama yaş 37.5 yıl) intraoperatif ve postoperatif dönemlerdeki komplikasyonlarını değerlendirmişlerdir. Çalışmalarında 143 (%33.8) hastada toplamda 185 komplikasyon tespit etmişlerdir.<sup>7</sup>

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lamanın hasta, ortodontist ve cerrah arasında koordinasyon içinde yapılması oldukça önemlidir. Çeşitli komplikasyonlar ortaya konmuş olsa da ortognatik cerrahi güvenilir ve cerrahlar tarafından sıklıkla tercih edilir.

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