Bölüm 7

İNFERİOR ALVEOLAR SİNİR LATERALİZASYON VE TRANSPOZİSYONU

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1. GİRİŞ

İnferior alveolar sinirin (IAS) lateralizasyon ve transpozisyon tekniklerinin, özellikle implant cerrahisi başta olmak üzere mandibulanın posterior alanını içeren diğer cerrahi işlemler sırasında sinirin korunması amacı ile uygulandığı, özellikle son on yıl içerisinde sıklıkla tercih edilen bir yöntem olduğu görülmektedir.

IAS lateralizasyon tekniği ilk olarak 1970 yılında mandibula rezeksiyonu sırasında sinirin korunması amacı ile yapılmıştır[1]. Dental implantların posterior mandibula bölgesine yerleştirilmesi amacı ile yapılan ilk lateralizasyon ise Jenson ve Nock tarafından 1987 yılında gerçekleştirilmiştir[2]. 1987'de Kahnberg ve Ridell, ortognatik cerrahi sırasında IAS'nin yeniden konumlandırılması amacı ile bu tekniği kullanmışlardır[3]. Dental implantların mandibula posterior bölgeye yerleştirilmesi sırasında kullanılan IAS'nin yeniden konumlandırılması tekniği ile ilgili ilk vaka serisi Rosenquist tarafından 1992 yılında yapılmıştır[4]. Mandibula posterior bölgede dental implant uygulamaları sırasında dentoalveolar sistemin rekonstrüksiyonu amacı ile tercih edilebilecek bir tedavi yöntemi olarak kabul edilmesi, 1995 yılında literatüre kazandırılan bir çalışma sonucunda olmuştur[5].

Bu bilgiler ışığında, lateralizasyon ve transpozisyon teknikleri için çeşitli cerrahi yöntemler geliştirilmiş olup avantajları, dezavantajları ve komplikasyonları üzerinde durulmaya başlanmıştır. Sinir dokusunun lateralizasyon ve transpozisyon teknikleri, komplikasyon insidansının azaltılması ve başarı şansının artırılması amacı ile teknik ve kullanılan materyaller açısından geliştirilmeye açık, nispeten yeni bir prosedürdür[6]. Bu bölüm içerisinde sinir dokusu ve oluşumu, yaralanmaları ve iyileşme prosedürü ile cerrahi teknikler ve komplikasyonları üzerinde durulacaktır.

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