

Bölüm 13

DİŞ HASTALIKLARI VE BESLENME İLİŞKİSİ YÖNETİMİ

Yerda ÖZKAN¹

GİRİŞ

Ağız ve diş hastalıkları, genel sağlığın ve kaliteli yaşamın önemli belirleyicilerinden biri olup bulaşıcı olmayan en yaygın hastalıklardır. Sıklıkla görülen ağız hastalıkları arasında diş çürükleri, periodontal hastalıklar, oral kanserler, oro-dental travmalar, dudak-damak yarıkları ve noma bulunur. Hemen hemen tüm ağız hastalıkları ya büyük ölçüde önlenebilir ya da erken aşamalarda tedavi edilebilirler (1).

Beslenme, gıdanın tüketilmesi ve tüketilen gıdaların büyüme, metabolik olaylar ve doku onarımı için kullanmasıdır. Beslenme diyetten farklıdır ve diyet, bir insanın beslenme alışkanlıklarını ifade eder. Besleme ve diyet arasındaki bu ayrım, diş çürüğü ve periodontal hastalıklar da dahil olmak üzere pek çok tıbbi durum için hastalığın gelişimi ve ilerleyişi ile ilgili olarak önemlidir. Beslenme, günlük ağız bakımına bağlı olarak dişlere hem sistemik hem de lokal olarak etki edebilir (2).

Besinler, yağlar, karbonhidratlar, proteinler, mineraller, vitaminler ve su gibi altı ana sınıfa ayrılabilir, bunlar ayrıca diyet için büyük miktarda gerekli olan 'makro besinler' (yağlar, karbonhidratlar ve proteinler) ve diyetle yalnızca küçük miktarlarda gerekli olan ve optimal sağlığı desteklemede önemli olan bir dizi biyolojik sürece katkı için gerekli olan 'mikro besinler' (mineraller, vitaminler, eser elementler ve amino asitler) olmak üzere iki kategoriye de ayrılabilirler.

Dişlerin oluşum döneminde vücut için gerekli besin maddelerinin optimal alınımı önemlidir. Bu dönem fetal aşamada başlar ve büyük ölçüde altı yaşa kadar devam eder. Beslenme yetersizlikleri dişlerin mineralizasyon sürecini bozar, bu da

¹ Doktor Öğretim Üyesi, Atatürk Üniversitesi Diş Hekimliği Fakültesi, Periodontoloji Anabilim Dalı, Erzurum yerdaoalkan@hotmail.com

Fusobakterilerin bir üyesi olan *Sprochaete Borrelia Vincenti*'den kaynaklanır. Penisilin ile tedaviye dirençli, ağız ve yanağın iç kısmında hızla ilerleyen gangrenöz yıkım meydana gelir.1,8 Hasta çocuklar, lezyon ve deformatelere bağlı kötü beslenme durumu daha da kötüleştirir . Komplikasyonlar, septisemi, şiddetli dehidrasyon ve nadiren kanama olup hemen tedavi edilmeme durumunda olum oranı %70-90 kadar yükselebilir (78-81).

Kötü ve yetersiz beslenme, sitokinlerin salınmasıyla düzensiz bağışıklığa yol açar. A vitamini ve çinko eksikliği, azalmış hücrel bağışıklık bağışıklık, epitelyal doku bütünlüğünde erken bozulma ve oral mukozanın patolojik değişiklikleri ile karakterize edilir. Bunlar, anaerobik bakteri ile bağlantılı olarak *B. Vincenti* enfeksiyonunu etkilemektedir. Anaerobik bakteriyel proteolitik enzimlerin salınımı, nekrotizan bir fasiyal enfeksiyona neden olur. Etiyoloji, özellikle kötü beslenmiş genç insanlarda, küçük travma sonrası genellikle fusiformlar ve *B. vincenti* nedeniyle 'tropikal ülser' ile benzerdir (76,83, 84).

Nomal hastalarındaki aminoasit profili, protein-enerji yetersizliği sendromu (PEM) ile uyumluydu . Noma olan çoğu çocuğun kan serum seviyelerinde çok belirgin olarak retinol, çinko ve askorbat azlığı gözlenir. Nomanın tedavisi multidisipliner bir yaklaşımı gerektirir. Yara bakımıyla birlikte, yeterli hidrasyon, elektrolit seviyelerinin düzeltilmesi ve yeterli beslenme desteğinin sağlanmasıyla vitamin eksikliklerinin giderilmesi esastır (76-78, 81-84).

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