Bölüm
21

DİYABET VE AĞIZ DİŞ SAĞLIĞI

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Diyabetin vücudun diğer organlarında neden olduğu komplikasyonlar kadar ağız içerisindeki dokular üzerindeyarattığı etkiler de önem teşkil etmektedir. İleri seviyelere ulaştığı zaman hastaların beslenmelerinin yanı sıra yaşam kalitelerini de olumsuz yönde etkileyebilecek bu semptomların göz ardı edilmemesi, aynı zamanda diyabetin kontrol altına alınması için de gereklidir. Hatta kişinin ağız içi bulgularından yola çıkılarak ilgili doktora yönlendirilip diyabet teşhisi konulmuş pek çok vaka bulunmaktadır. Diyabetin ağız içerisinde yarattığı yan etkilerin temelinde diyabetik nöropatilerin, hiperglisemi tablosu ve sonucunda biriken AGE bileşeniile oksidatif stresin, sürekli devam eden düşük şiddetteki kronik enflamasyona bağlı artış gösteren enflamatuar belirteçlerin, insülin direnci ve etkilediği yağ metabolizmasının,savunma sistemi hücrelerinde meydana gelen hücresel defektlerin rol oynadığı görülmektedir (1).

Azalmış tükürük akış hızı ve değişen tükürük mineral-glikoz dengesi, ağız kuruluğu ve yanan ağız sendromu, diş çürükleri, fırsatçı enfeksiyonların ve diş eti problemlerinin artış göstermesi, gecikmiş yara iyileşmesi diyabet hastalarının en fazla şikayet ettiği problemler olarak karşımıza çıkmaktadırlar (2).Burada esas problemlerin diyabeti kontrol altına olmayan bireylerde görüldüğü, glisemik kontrol sağlanmış bireylerde yukarıda sayılan semptomlara daha nadir rastlandığı veya daha düşük şiddette seyrettiği unutulmamalıdır.

DİYABET HASTALARINDA TÜKÜRÜK AKIŞI VE AĞIZ KURULUĞU

Diyabet hastalarındaözellikle glisemik kontrol sağlanamadığı durumlardaağız ve diş sağlığı ile ilgili en fazla görülen problem tükürük akışının azalmasıdır. Çiğne-

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mik yıkım ve yapımhızında değişiklikler ve kemik kırılma riskinde artış olduğu gösterilmiştir. (103-110). Yapılan hayvan deneylerinde de hipergliseminin sadece yeni kemik oluşumu üzerinde değil, kemik gücü ve kırık iyileşmesi üzerindeki olumsuz etkilerini gösterilmiştir (111-123). Ayrıca, tedavi edilmemiş tip 1 diyabet ile uyumlu hiperglisemik hayvanlarda azalmış implant osteointegrasyon seviyeleri gösterilmiştir (124,125).

Tip 1 diyabetin aksine, tip 2 diyabetin kemik metabolizması üzerine etkileri net değildir. Bazı çalışmalar diyabetik olmayan hastalarla benzer şekilde veya daha büyük kemik mineral yoğunlukları ile kırık oranlarında düşüş veya hiç fark olmadığını belirtmişlerdir (112, 126-131). Daha güncel meta-analizlerde ise, benzer şekilde tip 2 diyabet ile kırık riski arasında doğrudan bir ilişki olduğu belirlenmiş; ancak HbA1c seviyeleri ve kırık riski arasında bir ilişki bulanamamıştır (132-134).

Oates ve ark. (135) tarafından yapılançalışmada, HbA1c seviyesinin %8,0'ın üzerinde olduğu hastalarda implant osteointegrasyonunda gecikmeler tespit edilirken, glisemik kontrol seviyesinin altındaki hastalar için osteointegrasyonda gecikme tespit edilmemiştir. HbA1c düzeyi%8,1-10,0 arasında olan dört hastayı içeren, toplam 10 diyabetik hastanın incelendiği bir vaka serisinde, bir yıllık restorasyon sonrası implant sağkalımını değerlendirilmiş ve implant kaybıbildirilmemiştir(136).

Ağız sağlığı, beslenme sağlığının ve sistemik sağlığın ayrılmaz bir parçasıdır. Diyabet gibi kronik hastalıklar, fonksiyonlarda azalmaya yol açabilecek oral sekellere sahiptir ve oral fonksiyon, diyabetin genel yönetimi için kritik olan diyet müdahalelerini önemli ölçüde değiştirebilir (137,138). Uzun sureli iyi glisemik kontrol diyabetle ilişkili hastalıkların en aza indirgenmesinde etkilidir ve bu kontrolün sağlanmasındaçiğnemefonksiyonu önemli etkenlerden biri olabilir bu sebeple glisemik kontörlü iyi olmayan diyabetik hastalarda dahi implant tedavisi gözönündebulundurulmalıdır.

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