

Bölüm 7

PERİ-İMLANT SAĞLIK VE HASTALIKLARA GÜNCEL BAKIŞ

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GİRİŞ

Periodontal hastalıkların sınıflandırılması için günümüzde 1999 yılında Armitage tarafından yapılan sınıflandırma kullanılmaktadır [1, 2]. Çalışmalardan ortaya çıkan yeni kanıtların analizi sonucunda 2017 yılında gerçekleşen son Avrupa çalıştayında periodontal ve peri-implanter hastalıklar için yeni bir sınıflandırma iskeleti önerildi [1, 3]. Önerilen yeni sınıflandırma periodontitis için çok boyutlu bir evreleme ve derecelendirme sistemi ile aynı zamanda görülebilecek değişikliklerin de eklenebileceği dinamik bir yapı içerecek şekilde tasarlandı [4]. Peri-implant hastalıklar ve koşullar ise peri-implant sağlık, peri-implant mukozitis (PM), peri-implantitis (Pİ) ile peri-implant yumuşak ve sert doku yetersizliklerini içerecek şekilde sağlık ve hastalık durumlarının, etiyojilerinin, risk faktörlerinin ayrıntılı olarak gözden geçirildiği haliyle yeni sınıflandırma iskeleti içerisindeki yerini aldı. [5] İmplant bölgelerindeki sert ve yumuşak doku eksikliklerinin birçok faktörden kaynaklanabileceği bildirildi [1, 5-9]. Bu faktörler implant yerleştirilmesinden öncesi ve sonrasında olmak üzere değerlendirilerek diş çekimi, travma, periodontitis, Pİ, endodontik enfeksiyonlar, büyüme ve gelişme, sinüs tabanının genişlemesi, anatomik koşullar, mekanik aşırı yük, ince yumuşak doku fenotipi, keratinize mukoza (KM) eksikliği, implant malpozisyonu, bulaşıcı hastalıklar, dişlerin migrasyonu, yaşam boyu büyüme ve sistemik hastalıklar gibi alt başlıkları içerecek şekilde rapor edildi [6].

Peri-implant sağlık, doğal dişlerin çevresindeki periodontal sağlık ile birçok klinik özelliği paylaşmaktadır. İki durum arasında çevre dokularla olan ilişkiler ve biyolojik ataşman ile ilgili temel yapısal farklılıklar olduğu bildirilmiştir [9]. Araujo ve Lindhe [7] peri-implant sağlığının, sondalamada kanama olmaması dahil olmak üzere klinik enflamasyon belirtilerinin (eritem ve ödem) yokluğunu gerektirdiğini bildirmişlerdir. Sondalamada kanama bulunmaması aynı zamanda

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