

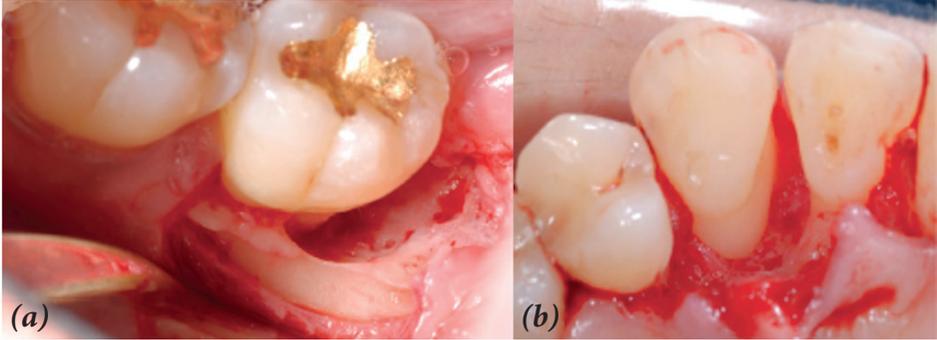
## BÖLÜM 13

### PERİODONTAL CERRAHİDE MİNİMAL İNVAZİV BİR TEKNİK: TEK FLEP YAKLAŞIMI

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#### GİRİŞ

Periodontitis; sement, periodontal ligament ve alveoler kemiği içeren, dişi destekleyen yapıların yıkımı ile karakterize inflamatuvar bir hastalıktır. Periodontitis sonucu kemik yıkımı, subgingival plakla tetiklenen lezyonun boyutu ve yönüne bağlı olarak horizontal veya vertikal (kemikiçi) kemik defektleri şeklindedir. Kemikiçi defektler, Şekil 1'de de görülebileceği üzere, periodontal cep tabanının rezidüel alveoler krete göre daha apikalde konumlandığı defektlerdir<sup>(1)</sup>. Bu defektler, periodontal lezyonun ilerlemesi ve diş kaybıyla ilişkilendirilmektedir<sup>(2)</sup>. Bu nedenle periodontal cep varlığında tedavi edilmeleri gerekir.



**Şekil 1.** Kemikiçi defektlerin klinik görünümleri. **(a)** Molar dişin bukkal ve distal yüzeylerinde izlenen kemikiçi defekt. **(b)** Kanın dişin palatinal ve mezial yüzeylerinde izlenen kemikiçi defekt<sup>3</sup>.

Kemikiçi defektlerin tedavisinde cerrahi olmayan tedavi ile konservatif, rezektif ve rejeneratif cerrahi tedavi teknikleri uygulanmaktadır<sup>(4-6)</sup>. Cerrahi olmayan periodontal tedavinin ve rezektif tekniklerin kullanıldığı geleneksel periodontal cerrahinin cep derinliğini azalttığı, hatta kemikiçi komponentin eliminasyonunu sağladığı belirtilmiştir<sup>(4, 7)</sup>. Ancak cerrahi olmayan periodontal tedavi ile kemik lezyonlarına yeterince ulaşamayan vakalarda rezidüel derin ceplerin var olduğu ve sondlamada kanamanın devam ettiği görülmüştür<sup>(12)</sup>. Yine bu defektlerin

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