

Bölüm 1

İMMATÜR NEKROTİK DAİMİ DİŞLERDE REJENERATİF ENDODONTİK TEDAVİLER

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Giriş

Gelişmiş ülkelerde diş çürüğü prevalansı azalmış olsa da, günümüzde halen en yaygın sağlık problemlerinden biridir. Fermente olabilen karbonhidratların karyojenik bakteriler tarafından enerji kaynağı olarak kullanılması ile ortaya çıkan laktik asit ve asetik asit diş sert dokularının yapısal bütünlüğünün geri dönüşümsüz olarak yıkımı ile karakterize bir süreçtir (Loesche, 1986). Dişler ağız ortamında sürekli demineralizasyon/ remineralizasyon olaylarına maruz kalmakta, demineralizasyonun baskın olduğu koşullarda ise diş çürüğü başlamaktadır (Aoba, 2004).

Çürük yavaş ilerleyen ve beyaz nokta lezyonu olarak isimlendirilen başlangıç evresi haricinde geri dönüşü olmayan bir durumdur. Lezyonun mineden dentine ilerlemesi ile bakteriler pulpa dokusuna ulaşarak pulpa hücrelerinde dejenerasyona ve ölüme yol açar. Enfeksiyon ilerlediğinde periapikal dokulara geçiş gerçekleşir (Kidd, 2005).

Diş çürüğü oluşumu için primer risk faktörlerinin bir arada olması gereklidir. Bu primer faktörler (Axelsson, 1999):

1. Mikroflora: Diş yüzeyinde kolonize olan asidojenik bakteriler
2. Konak: Tükürük miktarı ve yoğunluğu, diş yapısının kalitesi
3. Diyet: Özellikle sukroz, nişasta gibi fermente olabilen karbonhidratların alınması
4. Zaman: Diş plağındaki bakteriler tarafından üretilen inorganik asitlerin diş ile temas süresidir (Şekil 1).

Yaş, cinsiyet, tükürük, beslenme, dişin morfolojisi, çapraşıklık, ağız hijyeni, diş fırçalama alışkanlığı, bağışıklık sistemi, eğitim seviyesi ve sosyoekonomik durum da çürük oluşumunda etkileri olan sekonder faktörlerdir (Craig, Powell, & Cooper, 1981; Hicks, Garcia-Godoy, & Flaitz, 2003).

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Kaynakça

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