

Bölüm 5

ORTODONTİK AĞRI

Sanaz SADRY¹

Nida TUTKA²

GİRİŞ

Ortodontik kuvvet uygulamasının negatif etkisi olan ortodontik ağrı, ebeveynler, hastalar ve klinisyenler için önemli stres kaynağıdır. Çalışmalar, bu reaksiyonun ortodontik tedaviye büyük bir caydırıcı ve tedaviyi bırakmanın önemli bir nedeni olduğunu bildirmiştir.⁽¹⁾ Dişler sabit ve hareketli ortodontik tedavi için kullanılan materyaller ile uygulanan kuvvetler vasıtasıyla hareket ederken alveol kemiğinde damar-sinir paketi sıkışarak ağrı hissine neden olmaktadır.⁽²⁾

AĞRI TANIMI

Ağrının yaygın şekilde kabul edilmiş tanımı Uluslararası Ağrı Araştırmaları Derneği tarafından geliştirilmiştir: “Ağrı, gerçek veya potansiyel bir doku hasarından kaynaklanan veya bu şekilde tanımlanan, hoş olmayan bir duyu ve duygusal bir deneyimdir.”⁽³⁾ Ağrı Sherrington tarafından “zorunlu bir koruyucu refleksin psişik yardımcısı” olarak tanımlanmıştır. Bu tanımda, koruyucu refleksin zararlı uyaranlara birincil yanıt olduğu belirtilmiştir.⁽⁴⁾ Ağrı iki tamamlayıcı yönü olan subjektif bir deneyimdir: biri belirli bir vücut kısmında lokalize bir duyumdur; Diğeri, deneyimi hafifletmeye veya sonlandırmaya yönelik davranışlarla yaygın olarak ilişkili değişen şiddette hoş olmayan bir niteliktir.⁽⁵⁾

Ağrıyı biz 2 şekilde tanımlıyoruz. Ani başlayan, bıçak batması şeklinde ve yanma gibi durumlardan oluşana; akut ağrı, kronik şekilde adlandırılan ve doku yıkımıyla birliktelik gösteren tipine ise yavaş ağrı denilmektedir.⁽⁶⁾

¹ Dr. Öğr. Üyesi, İstanbul Aydın Üniversitesi, Diş Hekimliği Fakültesi, Ortodonti AD, sanazsadry@aydin.edu.tr

² Dt. İstanbul Aydın Üniversitesi, Diş Hekimliği Fakültesi, Ortodonti AD, nidatutka@stu.aydin.edu.tr

Bu biyostimülasyon etkisinin ATP artışına bağlı olarak meydana gelen hücresel aktivite artışına bağlı olduğu düşünülmektedir.⁽⁸²⁾

Ayrıca lokal CO₂ lazer ışınlaması, diş hareketine müdahale etmeden ortodontik kuvvet uygulamasına bağlı ağrıyı azaltacaktır.⁽⁸³⁾ Bunlara ek LLLT kemik formasyonunun artırılmasında, kök rezorpsiyonunun önlenmesinde, ortognatik cerrahi sonrası iyileşmenin hızlandırılmasında ve diş hareketinin hızlandırılmasında kullanılmaktadır.⁽⁸⁴⁾

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