

## Bölüm 3

# PERİODONTAL TEDAVİDE ANTİBİYOTİK KULLANIMI

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Periodontal hastalıkların gelişimi, yumuşak dokuların kronik enflamasyonuna, dişi destekleyen kollojen liflerin yıkımına ve alveol kemiğin rezorpsiyonuna neden olan subgingival bakteriyel kolonizasyon ve biyofilm oluşumu ile ilişkilidir. Periodontal patojenler, hyaluronidaz, proteinaz, kollajenaz gibi enzimler ile ekstraselüler matriksi ve konak hücre membranlarını yıkabilir ve ürettikleri çeşitli biyomoleküllerle kendi büyümelerini uyarıp doku invazyonuna olanak sağlayabilirler (Kirkwood & ark.,2007). Ancak son yıllarda yapılan birçok çalışma, konak enflamatuvar immun cevabının da periodontal doku yıkımında önemli role sahip olduğunu göstermektedir (Howell & ark., 1993).

Periodontal hastalığın konvansiyonel tedavisi, etkin plak kontrolüyle beraber mekanik temizlikten oluşan cerrahi ve cerrahi olmayan periodontal tedaviyi kapsar (Ryan, 2005). Bununla birlikte, mekanik temizlik, derin ceplere erişilememesi, yüzey düzensizlikleri ve furkasyon bölgeleri gibi sınırlamalar sebebiyle zorlu bir prosedürdür (Jepsen & ark., 2011). Bu aşamada, mekanik olarak yok edilmesi mümkün olmayan patojenik mikroorganizmaların, antimikrobiyal tedavi ile sayıca azaltılması veya elimine edilmesi hedeflenir (Walker & Karpiņa, 2002).

Periodontal tedavide farmasötik ajanlardan esas olarak üç şekilde faydalanılır: **1)Profilaktik antibiyotik uygulamaları, 2)Konvansiyonel periodontal tedaviye ilaveten antibiyotik uygulamaları, 3) Konak modülasyonu**

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