

Bölüm 6

ÇEKİLEN DİŞLERİN SERT DOKU REJENERASYONUNDA KULLANILMASI

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GİRİŞ

Diş hekimliğinde ortodontik tedavi için, periodontitise ve oral patolojilere bağlı ya da endodontik tedavinin yapılamadığı durumlarda diş çekimi tercih edilen bir tedavi prosedürüdür (Khanijou & ark., 2018). 1957’de Atwood (Atwood, 1957), 1972’de Tallgren (Tallgren, 1972) tarafından yapılan diş çekimi sonrası alveolar kemik miktarındaki değişim incelemelerinde çekim sonrası spontan iyileşmeye bırakılan alveol kemikte onarılması zor atrofiler gözlenmiştir (DSouza, 2012). Bu yüzden diş çekimi gerçekleştirilen hastalarda orjinal doku konturunun, estetiğin ve fonksiyonun sağlanması için diş çekimi sonrası oluşan rezorbsiyonu engelleme ya da rezorbe olan kemik hacmini yerine koymak kritik öneme sahiptir (Khanijou & ark., 2018). Diş hekimliğinin ve dental implantolojinin gelişmesi ve popülerleşmesi ile sert doku rejenerasyonuna olan ihtiyaç artmıştır. Çekim soketi koruma, alveol kemik augmentasyonu ve sinüs tabanı yükseltme gibi prosedürlerde kullanılmak üzere çeşitli teknikler ve materyallerin geliştirilmesi konusu son yıllarda oldukça güncel hale gelmiştir (Gharpure & Bhatavadekar, 2017).

REJENERATİF TEDAVİDE KULLANILAN GREFT MATERYALLERİ

Diş hekimliğinde doku mühendisliği, doğal iyileşme potansiyeliyle dokunun yapısal ve fonksiyonel eksikliklerinin giderilmesini, dokunun tamir edilmesini amaçlar. Bu amaçla, iskele görevi gören materyallerler, mezenşimal hücreler ve büyüme faktörleri (GF) gibi rejeneratif kaynaklarla kombine veya tek başına kullanılabilir (Place, Evans, & Stevens, 2009; Rohn & ark., 2011; Tanner, 2010). Rejeneratif alanda kullanılan en etkin materyaller, hem kemik oluşumuna izin veren hem de yavaş yavaş kemik ile yer değiştirerek absorbe olabilenlerdir. Çünkü absorbe olamayan materyaller kemik ile yer değiştiremez ve dokularda yabancı cisim olarak kronik iltihaplanmaya sebep olabilir (Murata & ark., 2011).

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edilme miktarına göre değişebileceği konusunda hala fikir birliğine varılamamıştır. DKG'nin hazırlanması sırasında dikkat edilmesi gereken aşamalardan biri de enfeksiyonu engellemek amacıyla uygulanan sterilizasyon işlemleridir. Yabancı doku reaksiyonu riskinin otojen ve biyouyumlu materyal olması sebebiyle azlığı, rezorbsiyon hızının sert doku augmentasyonunda altın standart olarak kabul edilen otojen kemik greftlerine göre daha yavaş olması DKG'ler otojen kemik greftleri yerine tercih edilebilir hale getirmektedir. Günümüze kadar elde edilen bilgiler, DKG'nin elde edilmesi ve uygulanabilir hale getirilmesi için bir dizi prosedürün uygulanmasının gerektiğini göstermektedir. Elde edilen bilgiler ışığında, DKG'nin klinik kullanımının yaygınlaştırılması için daha fazla çalışmanın yapılmasına ve kullanım kolaylığı için yeni teknolojilerin geliştirilmesine ihtiyaç duyulduğu düşünülmektedir.

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