

BÖLÜM 1

DEVİTAL DIŞLERDE AĞARTMA YÖNTEMLERİ

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Günümüzde toplum güzellik ve mükemmelliğe önceden hiç olmadığı kadar önem vermeye başlamıştır. Özellikle düz ve daha beyaz dişleri içeren mükemmel bir gülümseme daha fazla önem kazanmıştır. Böylelikle diş hekimliğinde dişlerin ağartılması önemli bir iş haline gelmiştir. Devital dişlerde ağartma genellikle endodontik tedavi sonrası renk değiştirmiş dişin renginin açılması amacıyla uygulanmaktadır ve böylece komşu dişle renk uyumunun ve estetiğin sağlanması amaçlanmaktadır.¹

Renk değiştirmiş devital dişlerdeki ağartma işlemi ilk kez 19. yüzyılın ortalarında tanımlanmıştır.² İlk başlarda klorlu kireç³, ardından okzalik asit^{4,5}, klorin bileşimleri ve solüsyonları⁶⁻⁸, sodyum peroksit⁹, sodyum hipoklorit¹⁰ veya 75% eter içerisinde 25% hidrojen peroksit içeren karışımlar^{11,12} gibi kimyasal ajanlar tavsiye edilmiştir. İlk kez hidrojen peroksit kullanımı (1884) Harlan¹³ tarafından rapor edilmiştir. Süperoksol'un (30% Hidrojen peroksit) kullanımı 1918 yılında Abbot¹⁴ tarafından bahsedilmiştir. 1924 yılında Prinz¹⁵, pulpa odası kavitesinin temizlenmesinde süperoksol ve sodyum perborat içeren solüsyonun ısıtılarak kullanımını önermiştir. Bazı araştırmacılar ağartma ajanlarının aktivasyonunu gerçekleştirmek için ışık^{16,17}, ısı^{16,18-22} ve elektrik^{23,24} akımının kullanılmasını önermektedir.

DIŞ RENKLENMELERİNİN NEDENLERİ

Diş renklenmeleri etyolojiye, görünümüne, yerleşimine, şiddetine ve diş dokularına bağlanma kapasitesine göre değişiklik gösterir²⁵. Diş renklenmeleri yerleşim ve etyolojiye göre, iç kaynaklı, dış kaynaklı ve bunların kombinasyonu olmak üzere sınıflandırılabilir.²⁶

Şarap, kahve, çay, portakal, meyan kökü, çikolata gibi diyet alışkanlıklarından elde edilen kromojen kaynaklar, tütün ürünleri, ağız gargaraları ve diş yüzeyindeki plaklar temel dış kaynaklı nedenlerdir.^{26,27}

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(SEM) rezin porozitesinin arttığı gösterilmiştir.⁸⁹ Bu durum ağartılmış dişlerde acil estetik restorasyonu gerektiği zaman klinik problem yaratır. Bu nedenle kompozit rezin restorasyonlar yapılmadan önce artık H₂O₂ 'in tamamen kaldırılması önerilir. Bir çalışma 3 dakika boyunca çözücü uygulamasının pulpa odasındaki artık H₂O₂ 'in tamamen ortadan kaldırıldığı rapor etmiştir.⁹⁰

İnternal ağartma prosedürleri sonrası eksternal kök rezorbsiyonunun meydana gelmesi ciddi bir komplikasyondur. Klinik raporlar^{91,92,101,93-100} ve histolojik çalışmalar¹⁰²⁻¹⁰⁴ mevcut koşullar altında intrakoronel ağartma yöntemlerinin eksternal kök rezorbsiyonuna sebep olabileceğini göstermiştir. Buna bu vakalarda kullanılan yüksek konsantrasyonlu ajanlar, özellikle 30%'dan %35' e kadar olan konsantrasyonlardaki H₂O₂ muhtemelen neden olmuştur. Ağartma işlemindeki periodonsiyum ve semente zarar veren mekanizma tam olarak net değildir. Muhtemelen zarar verici kimyasallar korunmasız olan dentin tübüllerine ve sement defektlerine nüfuz eder. Bu da semetin nekrozuna, periodonsiyumun inflamasyonuna ve takiben kök rezorbsiyonuna neden olur.¹⁰⁵⁻¹⁰⁷ Bu süreç ısı uygulaması¹⁰⁸ ve ya bakteri girişi¹⁰⁹ varsa artar. Önceden geçirilmiş travma ve yaş ayrıca predispozan faktör olarak rol oynayabilir.⁹¹ Uzun dönem sonuçları değerlendiren bir çok çalışma, ağartma tedavisi uygulandıktan yıllar sonra bile, kök rezorbsiyonuyla devital dişlerdeki ağartma arasındaki ilişkiyi göstermiştir.^{91,110-115}

SONUÇ

Potansiyel komplikasyonlar ağartma işlemi sırasında gerekli tedbirler alınırsa engellenebilir. Ayrıca ağartma vakalarının rutin takiplerinin yapılması, istenmeyen sonuçların erken dönemde fark edilmesine ve potansiyel komplikasyonların risklerinin azalmasına olanak sağlar. Endodontik tedavi sonrası renklenmiş dişlerde, eğer doğru teşhis konulup, doğru ağartma ajanı ve yöntemi seçilirse hastaları memnun edici estetik sonuçlar elde etmek mümkün olabilir.

Anahtar Kelimeler: Devital diş, Ağartma ajanları, Ağartma yöntemleri, Estetik

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