

İMMATÜR DAIMİ DİŞLERDE GÜNCEL KLİNİK YAKLAŞIMLAR

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Faydalı bir okuma olması dileğimizle.

Şükriye TÜRKOĞLU KAYACI

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BÖLÜM I

İMMATÜR DAIMİ DİŞLERE GENEL BAKIŞ

İpek KINIKOĞLU¹
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Oklüzyonun kurulması ve daimi dentisyonun uygun fonksiyon görmesi için, süt ve karma dentisyonda dental arkın bütünlüğünün korunması esastır (1). Daimi dişlerin erken kaybedilmesi, karşı dişlerin fazla uzamasına ve aynı taraftaki komşu dişlerin kayıp bölgesine doğru kaymalarına ve nihayetinde oklüzyon problemlerine, dişeti çekilmelerine ve kök yüzeyi çürüklerine neden olur. Bu durum hem uzun süreli hem de hasta için masraflı tedavilere yol açar. Ağız içerisine sürdükten kısa zaman sonra çürüğün meydana geldiği daimi birinci molar dişlerin çekilmesi veya endodontik olarak tedavi edilmesi konusunda bir fikir birliği yoktur. Özellikle daimi dişin erken çekilmesi, yüzün alt 1/3'lük bölümünde iskeletsel asimetriyle sebep olabilmektedir. Daimi birinci azı dişlerin diş kavsinin kilit dişi olarak bilinmesi ayrıca ankraj diş olarak ortodontik tedavilerde bu dişe ihtiyaç duyulması erken dönemde Daimi dişlerin önemini artırmaktadır. Bu sebeple daimi birinci molar dişler, çekimi nadiren yapılan dişlerdir (2). Bu sebeplerden dolayı, immatür daimi dişlerde tüm tedavi planlamasının amacı, pulpa vitalitesini korumak,

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BÖLÜM II

İMMATÜR DAİMÎ DİŞLERİN TEDAVİLERİNDE KULLANILAN MATERYALLER

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Mineral Trioksit Agregat (MTA)

Mineral trioksit agregat, esas olarak kalsiyum ve silikat elementlerinden oluşan biyoaktif bir endodontik çimentodur. Çimento, 1990'larda Torabinejad tarafından tanıtıldı ve 1997'de Amerika Birleşik Devletleri'nde kullanılmak üzere Gıda ve İlaç İdaresi tarafından onaylandı. Son yirmi yılda, MTA en çok çalışılan endodontik malzemelerden biri haline gelmiştir (33). Kalsiyum, alüminyum ve selenyum MTA'nın içeriğindeki trioksit agregat kısmını oluşturmaktadır. MTA, biyoyumluluk, biyoaktivite, hidrofiliklik, radyopaklık, sızdırmazlık kabiliyeti ve düşük çözünürlük açısından birçok istenilen özelliğe sahiptir. Diş hekimliğinde bu özelliklerin en önemlileri biyoyumluluk ve sızdırmazlık yetenekleridir. Yüksek biyoyumluluk, optimum iyileşmeyi teşvik eder. Histolojik olarak periradiküler bölgede yeni sement oluşumunu ve düşük inflamatuvar yanıt ile pulpa odasında köprü oluşumunu indükler. MTA'nın marjinal sızıntıya ve kanallara bakteri göçüne karşı dayanıklılığı-

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BÖLÜM III

İMMATÜR DAİMÎ DİŞLERDE UYGULANAN TEDAVİ PROSEDÜRLERİ

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Vital pulpa tedavileri

Kök gelişimi tamamlanmamış daimi dişlerin endodontik tedavilerinde yaklaşım, pulpanın sağlık durumuna göre belirlenmektedir. Bu dişlerin tedavilerinde “apeksogenezis” ya da “apeksifikasyon” olarak tanımlanan tedavi yöntemleri uygulanabilmektedir. Apeksogenezis; fizyolojik olarak kök ucu gelişimi ve oluşumunun indüklenmesi olarak tanımlanabilir ve kök gelişimi tamamlanmamış dişlerin koronal pulpa kısmının etkilendiği ancak kök pulpasının sağlıklı olduğu durumlarda uygulanmaktadır. Apeksogenezisin amacı; hertwig epitel kınının canlılığını devam ettirilmesi ile fizyolojik kök gelişiminin kesintiye uğramadan devam etmesi ve normal boyutlarda kök/kron oranının elde edilmesidir (82,83). Apeksifikasyon işlemi ise apikal açıklığın osteosement oluşumu veya osteosement benzeri bir doku ile kapanmasının teşvik edilmesi veya canlılığını devam ettiremeyecek ve immatür dişlerin gelişimlerinin sağlanması yöntemi olarak tanımlanabilir (84).

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BÖLÜM IV

NEKROTİK İMMATÜR DAIMÎ DİŞLERİN TEDAVİSİNDE DİKKAT EDİLMESİ GEREKEN HUSUSLAR VE GÜNCEL BULGULAR

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Nekrotik pulpalı immatür daimi dişler, diş hekimleri için sürekli bir problem oluşturmuştur ve tedavisi hekimler tarafınca yoğun ilgi ile araştırma konusu haline gelmiştir. Standart protokol kullanılarak endodontik eğelerle immatür dişlerde kök kanal boşluğunun dezenfeksiyonunu sağlamak zordur, ayrıca açık apeksli dişlerde kök kanal dolgusu sırasında apikal bariyerin olmaması başka bir zorluk ortaya çıkarmaktadır (183). Bu zorluklarla karşılaşılrsa ve çözüle bile, bu dişlerin köklerinin çok ince olması yüksek kırılma riski oluşturmaktadır. Literatürde, kalsiyum hidroksit ile vital olmayan pulpa tedavisi, MTA ile apeksifikasyon, revaskularizasyon ve rejenerasyon gibi apekte sert doku bariyeri oluşturmak için çeşitli tedavi yöntemleri tarif edilmiştir (184).

Kalsiyum hidroksit (Ca(OH)₂) ile uygulanan geleneksel non-vital pulpa tedavisi büyük ölçüde incelenmiştir ve iyi bir sonuca sahip olduğu literatürde gösterilmiştir (185). Bununla birlikte, bu teknikle ilişkili bazı sınırlamalar vardır. Başlıca dezavantajı, sert doku apikal bariyerinin oluşması için gerekli olan yaklaşık 6-18 aylık süre ve

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