

Bölüm 12

PERİODONTAL HASTALIKLARDA AĞRI

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GİRİŞ

Ağrı algısı, doku hasarına neden olan bir olayın bilinçli farkındalığıdır ve beynin korteksinde meydana gelen bir deneyim olup; nosiseptörlerin uyarılması ile başlar. Acı çekmek, ağrı algılayıcı korteks ile talamus, limbik sistem ve retiküler aktivasyon sistemi de dahil olmak üzere duyuşal merkezler arasında kişisel ve karmaşık etkileşimleri içerir. Ağrı akut ya da kronik olabilir. Akut ağrıda, doku hasarının büyüklüğünün yorumlanması ağrı hissini etkiler. Kronik ağrı tamamen farklı bir deneyimdir ve akut ağrı davranışını, biyopsikososyal model olarak da bilinen ruh halini, çalışmayı ve sosyal etkileşimi etkileyen bir olgudur.

OROFASİYAL AĞRI

Orofasiyal ağrı, baş, boyun, yüz ve ağız bölgesinde, diş, periodontal dokular, vas-küler ve glandüler yapılar ile kasları, kemikleri, sinüsleri ve eklemleri de içine alan sert ve yumuşak dokularla ilişkili ağrı olarak tanımlanmaktadır (1, 2). Periodontal kökenli orofasiyal ağrı çok çeşitli sebeplerden oluşabilir ve göreceli olarak lokalize olup dişin “kendinden” kaynaklanan ağrıdan daha hafif bir ağrıdır (3-6). Periodontal dokularda, gingivitis ve kronik periodontitis en sık görülen iki hastalık olmasına rağmen daha az sıklıkta karşımıza çıkan ve periodontal yapıları etkileyen patolojiler, orofasiyal ağrıya neden olurlar. Gingivitis ve periodontitis gibi kronik periodontal hastalıklar genellikle ağrısızdır; ancak iltihaplanma veya düşük dereceli enfeksiyon nedeniyle hafif, tekrarlayan veya kalıcı “künt ağrıya” neden olabilirler. Buna karşılık, “keskin periodontal ağrı” genellikle yüksek dereceli enfeksiyon ve inflamasyonla ilişkilidir (3, 4).

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