

Giriş

Kanal tedavili bir dişin prognozu mikrobiyal yükün eliminasyonu için kök kanallarının yeterli biyomekanik preperasyonu ve obdurasyonu gibi birçok faktöre bağlıdır. Bununla birlikte üst restorasyonun kalitesi de prognozu büyük oranda etkilemektedir. Kanal tedavili dişlerin zayıf veya eksik restorasyonlarının prognoz üzerine etkisi gözönüne alındığında, üst restorasyonun aslında kanal tedavisinin son adımı olduğu düşünülebilir. Şu anda mevcut olan sayısız seçenek büyük bir fırsat sağlamakla birlikte, kanal tedavili dişlerin restorasyonu için en uygun teknik ve materyallere karar verirken klinisyenler için potansiyel bir kafa karışıklığı kaynağı oluşturmaktadır.

Kanal tedavili dişlerin kırılma direnci azalır ve vital dişlere göre daha fazla komplikasyona açıktırlar (1). Özellikle geniş kök kanallarına sebep olan çürük lezyonları, genç dişlerde travma, aşırı giriş kavite preperasyonu ve enstrümantasyon, önceki restorasyonlardaki büyük çaplı postlar ve gelişim anomalileri biyomekanik dengeyi bozarak diş yapısının kaybına ve zayıflamasına sebep olur (2). Kaybedilen diş yapısı zamanla köklerin kırılmasına aracılık eden yorulma mekanizmalarıyla kuron kırılma riskini de artırır. Kanal tedavili dişlerin restorasyonu kök kanal sisteminin yeniden enfeksiyonunu önlemeyi, kalan diş kırılmaya karşı korumayı ve diş yapılarının hacimsel kaybını tamamlamayı sağlamalıdır. Günümüzde kanal tedavili dişlerin restorasyonları eksik diş dokularının miktarına göre doğrudan kompozit rezinler, tamamen ya da parsiyel kuronlar veya inlay, onlay, overlay ve endokronlar gibi indirek restorasyonlar

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Arukaslan ve Aydemir (98) kanal duvarlarında artık simanın varlığını değerlendirdikleri çalışmalarında post çıkartma kiti ve ultrasonikler arasında anlamlı bir fark bulmazken, Abe ve ark. (91) ultrasoniklerin kullanımının bu kalıntıyı azalttığını bildirmiştir. Ultrasonik kesici uçlar, titreşimin neden olduğu ısınma nedeniyle daha fazla miktarda kalan siman uzaklaştırılabilir (91), ancak sıcaklıktaki artış dikkatle değerlendirilmelidir. Kök kanalındaki sıcaklığı artıran prosedürler dentin, periodontal ligament ve dolayısıyla alveol kemiğe zarar verebilir (93). Fizyolojik sınırların ötesine ulaşan bir ısınmayı önlemek için ultrasonik uçlar su soğutması altında çalıştırılmalıdır.

Mevcut literatürde rezin simanlar ile yapıştırılmış fiber postların çıkarılması için hangi tekniğin daha iyi olduğu konusunda bir fikir birliği yoktur. Bununla birlikte üretilen post çıkarma kitleri fiber postların uzaklaştırılmasında ön plana çıkmaktadır. Ultrasonik uçlar yapıştırma simanı ve fiber artıklarını uzaklaştırmada iyi çalışıyor gibi görünmektedir (99).

Sonuç

Restore edilmiş kanal tedavili bir dişin başarısı yalnızca restorasyonun prognozu değil dişin prognozu ve yeniden restore edilebilirliği açısından da değerlendirilmelidir. Cam fiber postların mine ve dentin dokularına benzer elastik modülü, uygun stres dağılımını teşvik eder ve katastrofik başarısızlıkların prevalansını azaltır. Prognoz açısından en uygun protokolün seçimi önemli olmakla birlikte seçilecek post tipi ve protokolünde henüz bir fikir birliği yoktur (100). Fiber postlar ile restore edilmiş dişlerin prognozunu etkileyebilecek klinik koşulları ve metodolojileri standartlaştıran klinik çalışmalara ihtiyaç vardır.

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