

Bölüm 16

ÇOCUK DIŞ HEKİMLİĞİNDE MTA KULLANIMI

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1. GİRİŞ

Çocuk diş hekimliğinde uygulanan tedavilerde başarılı sonuçlar elde etmek için doğru endikasyon ve teknikle beraber biyouyumlu, sızdırmazlık özelliği yüksek, toksik olmayan malzemeler kullanmak gereklidir. Kullanılan restoratif materyaller, vital dokularla temasta olacağından biyouyumlu olmasının yanında dokularda rejenerasyonu tetiklemeli ve mikroorganizma geçişini önlemelidir (1). Bugüne kadar, kök/kanal sistemi-oral kavite ve kök/kanal sistemi periradiküler dokular arasında, diş pulpasında herhangi bir nedenle oluşan açılmalar mikroorganizma geçiş yollarını kapatmak amacı ile birçok restoratif materyal kullanılmıştır. Bunlardan bazıları amalgam, ZnOE esaslı simanlar (IRM, Süper-EBA vb), kompozit rezinler ve cam iyonomer simanlardır. Fakat bu materyallerin, toksisiteye sahip olmaları, neme karşı hassas olmaları ve mikroorganizma geçişini yeteri kadar engelleyememeleri gibi dezavantajları vardır. Bu amaçla son yıllarda, kök-kanal sistemi ve dişin dış yüzeyleri arasında bağlantı yollarını kapatmak amacı ile geliştirilen ve klinik uygulamalarda başarılı sonuçlar verdiği rapor edilen Mineral Trioksit Agregat (MTA) kullanılmaya başlanmıştır (2).

Mineral trioksit agregat (MTA) bu özellikleriyle çocuk diş hekimliğinde vital pulpa tedavileri, apeksifikasyon, rejeneratif pulpa tedavisi uygulamaları, persiste süt dişlerinin kanal dolumu amacıyla kullanılan geleneksel endodontik materyallere üstün bir alternatif haline gelmiştir (1).

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renk değiştirir. Portland simanı renk değiştirme potansiyelinin, özellikle kana maruz kaldıklarında malzemelerin gözenekliliğinden kaynaklandığı bildirilmiştir (114).

İrrigant türünün de bizmut oksit içeren simanların renk bozulmasına sebep olduğu varsayılmaktadır (112). İrrigasyonun ardından diş renginde ProRoot MTA yerleştirildiğinde dentin tübüllerinde kalan NaOCl renk değişikliğine neden olabileceği bildirilmiştir (113).

6. SONUÇ

Başlangıçta kök ucu dolgu maddesi olarak geliştirilen MTA günümüzde diş hekimliğinde kullanım alanı yaygınlaşmıştır. Dokularda rejenerasyonu sağlaması, mikroorganizma geçişini yeteri kadar önleyebilmesi, biyo-uyumluluğu yüksek ve çocuklarda güvenle kullanılabilmesi Çocuk Diş Hekimleri için önemlidir. Yapılan çok sayıdaki in-vivo, in-vitro ve hayvan çalışmaların sonuçlarına göre Çocuk Diş Hekimliği alanında uygulanan birçok tedavide MTA'nın güvenle ve başarıyla kullanılmasının ve rutin klinik kullanımını desteklemiştir (2).

MTA'nın bu avantajlarının yanında dişte renklenmeye sebep olabilmesi, klinik kullanımının teknik hassasiyet gerektirmesi, uzun sertleşme zamanı, yüksek maliyeti, materyal için bilinen bir çözücünün olmaması ve iyileşme sonrası ortamdaki uzaklaştırılmasının zor olması gibi var olan dezavantajlarını yok etmek amacıyla daha büyük örneklem büyüklüklerine sahip, uzun dönem takipli çalışmaların yapılması gerekmektedir (115).

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