

Bölüm 5

MARJİNAL KEMİK KAYBI VE MARJİNAL KEMİK KAYBINI ETKİLEYEN FAKTÖRLER

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GİRİŞ

İmplant yerleştirildikten sonra erken veya geç dönemde, krestal kemikte meydana gelen kemik kaybına marjinal kemik kaybı (MKK) denir. Marjinal kemik seviyesinin sürekli izlenebildiği durumlarda implantların başarılı olduğu kabul edilmiştir (1,2,3).

Erken MKK, implant cerrahisi ardından fonksiyonel yüklemeyi takip eden bir yıla kadar implantın boyun kısmı etrafındaki kemik kaybı olarak tanımlanır. Albrektsson ve arkadaşları (1) implant cerrahisini takiben kemik kaybının ilk yılda 2 mm'yi geçmemesi ve ilerleyen yıllarda yılda 0.2 mm'yi geçmeyen kemik kaybını başarı kriteri olarak tanımlamıştır. Bu kavram, Branemark implantlarının gözlemlerinden ortaya çıkmıştır. Bununla birlikte, modern implantlar üstün tasarımlara ve yüzeylere sahiptir, bu da daha yüksek başarı oranı ile sonuçlanır. Son zamanlarda yapılan bazı çalışmalar, genel kabul görmüş başarı kriterlerini sorgulamış ve implant etrafı marjinal kemikte bir yıldan sonra daha az kemik kaybı görülmesinin mümkün olabileceğini iddia etmiştir. Bu raporlara göre boyun bölgesinde mikro yivli ve konik implant-abutment bağlantılı implantların 12 aylık yüklemeye sonra 0,33 ila 0,56 mm kemik kaybı gözlenebileceği tahmin edilmektedir (4,5). Aksine, Amerika Birleşik Devletleri'nde yapılan kesitsel bir çalışmada, 6129 implant değerlendirilmiş; hastaların % 34'ünün ve implantların % 21'inin 3,5 yıllık takip sonunda 2 mm veya daha fazla radyografik kemik kaybına sahip olduğu gözlenmiştir (6).

Berglundh ve arkadaşlarının konsensus raporunda (7), ilk kemik remodelasyonundan en az bir yıl sonra çekilen radyografide gözlenen 3 mm'lik kemik kaybının peri-implantitis tanı kriterleri arasında olduğu bildirilmiştir. Ancak bu raporda, marjinal kemik seviyesi değişikliklerinin ideal olarak

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SONUÇ

Her yıl uygulanan implant sayısı katlanarak arttıkça sağkalımdan çok implant başarısı büyük önem taşımaktadır. Osseointegre bir implantın etrafındaki yumuşak ve sert doku hacminin korunması, uzun vadeli başarı için kilit faktördür. İmplantoloji araştırmalarındaki son gelişmeler, geleneksel başarı kriterlerine farklı bir bakış açısı kazandırmıştır. Daha önce, bir implantın fonksiyonel yüklenmesinden sonra, ilk yıl içinde 1-1.5 mm'yi geçmeyen vertikal kemik kaybı normal bir süreç olarak kabul edilmekteydi. Son yıllarda, MKK'yı etkileyebilecek çeşitli faktörler kapsamlı bir şekilde incelenmektedir. Bu faktörler; implant yerleştirme sırasındaki kemik kalınlığı, vertikal yumuşak doku kalınlığı ve keratinize doku genişliği olarak implant tedavisinin başarısında önem taşımaktadır. Ancak literatürde bu faktörlerin MKK üzerindeki etkisi konusunda fikir birliği yoktur.

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