Bölüm 7

SEKONDER OSTEOPOROZ VE DENTAL RADYOLOJİ

Aykağan COŞGUNARSLAN[1]

GİRİŞ

Osteoporoz, sıklıkla "sessiz hastalık" olarak adlandırılır ve azalmış kemik kütlesi ve kemik dokusunun mikro yapısal bozulmasıyla karakterize sistemik bir iskeletsel durum olarak tanımlanır. Küresel olarak, osteoporoz her yıl milyonlarca kemik kırığına neden olmaktadır ve bu kırıkların çoğu bel, kalça ve bilek kemiklerini etkilemektedir (1).

Primer osteoporoz yaygındır ve normal yaşlanma süreci içerisinde, menopozla ilgili olarak ve ilerleyen yaşla birlikte cinsiyet hormonlarında meydana gelen değişikliklerle ortaya çıkar. Ancak, menopoz sonrası kadınların %30'una kadarı, menopoz öncesi kadınların %50'den fazlası ve erkeklerin %50 ile %80'i arasında sekonder osteoporoz bulunmaktadır (2). Sekonder osteoporozlu hastaların tedavisi normal osteoporoz tedavisinden farklıdır ve kemik kaybının sekonder nedenleri genellikle tersine çevrilebilirdir. Sekonder osteoporoza neden olan ve altta yatan durum tanınmaz ve tedavi edilmezse, sekonder osteoporozun konvansiyonel anti osteoporoz tedavisine yanıtı yetersiz olabilir (3).

Dental radyoloji ile elde edilen görüntüler, sadece dişler hakkında değil; osteoporoz gibi sistemik hastalıkların tezahürleri de dahil olmak üzere çene kemiği hakkında kritik bilgiler sağlar. Panoramik radyograflar ile osteoporoz tespiti, küresel olarak sürekli araştırılan bir konudur ve dental radyolojik kayıtlar, osteoporozun erken tespit ve tarama araçları olarak kabul edilmektedir (4, 5).

Osteoporoz hastalarının çene kemiklerinde azalmış trabeküler yapı ve kortikal kemik kalınlığı, artmış kortikal kemik poroziteleri izlenmiştir (6-8). Osteoporozdan etkilenen çene kemikleri, artmış implant başarısızlığı riski, periodontitis riski ve alveoler rezidüel kret rezorpsiyonu ile ilişkilendirilmiş olup, protetik ve ortodontik tedavilerde de tedavi planını önemli ölçüde değiştirilmesine neden olmaktadır (9-12).

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Proton pompa inhibitörleri (PPİ), mide ülseri ve gastroözofageal reflü hastalıkları için sıklıkla kullanılan bir grup antiasit ilaçtır, asit salgılama yolundaki son adım olan proton pompasını geri dönüşsüz olarak inhibe ederler. PPİ'nin güvenli olduğu düşünülse de sürekli kullanım, mide asidi aracılığıyla emilen demir, kalsiyum ve magnezyum gibi vitamin ve minerallerin yetersizliğine yol açabilir. PPİ kullanımı ile osteoporoz riskinde artış ve düşük KMY arasında anlamlı ilişkiler saptanmıştır (86). Literatürde, PPİ kullanımı ile ilişkili azalmış mandibular kortikal kalınlık ve trabeküler kemik FB değerleri raporlanmıştır (87, 88).

Aromataz inhibitörleri (Aİ), dolaşımdaki östrojen seviyelerini azaltarak meme kanserinde östrojenin büyümeyi uyarıcı etkilerini azaltmak için kullanılan bir grup ilaçtır. Aromataz inhibitörlerinin yan etkileri arasında, KMY'nun azalması, iskelet ve alveolar kemik kaybı ile sonuçlanan osteopeni, osteoporoz, kırıklar ve kadınlarda eklem semptomları bulunmaktadır (89). Aİ kullanan meme kanseri hastalarında düşük trabeküler FB değerleri ve PMİ değerleri raporlanmıştır ancak mandibular kortikal kemik için belirgin farklılık gözlenmemiştir (90).

SONUÇ

Sekonder osteoporoz, genetik rahatsızlıklardan kanserlere, hatta bazı ilaç kullanımlarına kadar çok çeşitli etkenlerle ortaya çıkabilir. Var olan literatür, sekonder osteoporoz riski taşıyan bireylerde mandibulanın trabeküler ve kortikal kemik yapılarının bu durumdan sıklıkla olumsuz yönde etkilendiğini belirtmektedir. Bu nedenle diş hekimlerinin, bu risk grubundaki bireyler için dental işlemleri planlarken mandibulanın da bu durumdan etkilenebileceğini dikkate alarak ekstra dikkatli ve özenli olmaları büyük önem taşımaktadır.

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