BÖLÜM 10

Retansiyon ve Relaps

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GİRİŞ

Ortodontik tedavinin temel amacı, yalnızca dişlerin düzgün dizilimini sağlamak değil, aynı zamanda hastaya fonksiyonel, estetik ve stabil bir oklüzyon kazandırmaktır (1). Ancak bu hedeflere ulaşıldıktan sonra, elde edilen sonuçların uzun vadeli olarak korunması her zaman kolay değildir. *Retansiyon;* dişlerin estetik, fonksiyonel ve ideal bir pozisyonda tutulduğu ortodontik tedavinin son ve en önemli aşamasıdır. Retansiyon aşaması, ortodontik tedavinin başarıya ulaşmasında kritik bir rol oynar (2).

Retansiyon ihtiyacı, çoğu zaman teşhis ve tedavi planlaması aşamasında öngörülür. Doğru bir teşhis, mantıklı bir tedavi planı ve uygun zamanlamayla yapılan uygulamalar, hem estetik hem de fonksiyonel açıdan kalıcı sonuçların elde edilmesini destekler. Öte yandan; dental arkların aşırı genişletilmesi, ark formunda belirgin değişiklikler yapılması, anteroposterior ilişkilerin yeterince düzeltilmemesi ya da diş rotasyonlarının tamamen düzeltilmemesi gibi durumlar, tedavi sonrası ek retansiyon önlemlerini zorunlu kılabilir (3).

Relaps, İngiliz Standartları Enstitüsü tarafından, ortodontik düzelmeyi takiben orjinal maloklüzyon özelliklerinin yeniden ortaya çıkması olarak tanımlanmıştır. Ancak klinik açıdan hastalar için asıl önemli olan, tedavi sonrasında meydana gelen her türlü diş pozisyonu değişikliğidir. Bu durum, tedavi sonunda elde edilen son diş pozisyonlarından sapma şeklinde tanımlanabilir (4). Tedavi sonrası görülen bu değişiklikler, başlangıçtaki maloklüzyona doğru bir geri dönüş olabileceği gibi, ortodontik tedaviyle doğrudan ilişkili olmayan ve yaşa bağlı fizyolojik süreçler nedeniyle de ortaya çıkabilir (1, 4).

Ortodontik relaps çok faktörlü bir olgudur ve tedavi sonrası relapsı etkileyen birçok unsur vardır. Bunlar arasında kullanılan retansiyon tekniği, hastanın aparey kullanımına uyumu, yaş, iskeletsel büyüme paternleri, oklüzal kuvvetler, parafonksiyonel alışkanlık-

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(mümkünse sabit) önerilir.

- Alışkanlığa bağlı açık kapanış vakalarında, uzun dönem stabilite için alışkanlıkların (dil itimi, parmak emme vb.) ortadan kaldırılması şarttır.
- Derin kapanış vakalarında anterior bite-plate içeren retainer ile uzun süreli koruma sağlanabilir.
- Retansiyon süresi bireysel vaka özelliklerine göre belirlenmelidir.
- Sabit, hareketli veya aktif retainer seçimi; vaka tipi, estetik gereksinimler ve hasta uyumuna göre yapılmalıdır.
- Gerekli durumlarda fiberotomi, frenektomi ve gingivoplasti gibi yardımcı prosedürler stabiliteyi artırabilir.
- Ortodontik tedavi öncesinde retansiyon süreci ve olası relaps riskleri hasta ile ayrıntılı görüşülmeli ve bilgilendirilmiş onam alınmalıdır.
- Hareketli retainer kullanımında hasta uyumu, relaps riskini doğrudan etkiler.
- Sabit retainerların düzenli kontrolü, tel aktivasyonu veya kırıklarının erken fark edilmesi için şarttır.
- İkili retansiyon (sabit + hareketli) yöntemi, sabit retainerın kopması durumunda ek güvenlik sağlar.

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