BÖLÜM 7

ENDODONTİDE KÖK KANALLARINI GÖRÜNTÜLEME TEKNİKLERİ: GELENEKSELDEN DİJİTAL TEKNOLOJİYE

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GİRİŞ

İntraoral radyografların 1900'lü yılların başında kullanılmaya başlanması, kök ve kemik morfolojisinin diş hekimleri tarafından incelenmesine imkân tanımıştır (1). Zaman içerisinde fiziksel özellikleri iyileştirilen radyografiler, endodonti pratiğinde hâlen en sık tercih edilen teşhis araçlarından biridir (2). Ancak, geleneksel radyografi (GR) tekniğinin yaygın kullanımına karşın, üç boyutlu anatomik yapıların iki boyutlu yansıtılması bazı klinik bulguların gözden kaçmasına ve yanlış/eksik tanıların konulmasına neden olabilmektedir (3, 4). Bu yetersizlikler, üç boyutlu görüntüleme yöntemlerine yönelik araştırmaların artmasına zemin hazırlamıştır (5).

Endodontideki ilerlemeler yalnızca klinik enstrümantasyon ve kullanılan materyallerde değil, aynı zamanda teşhis ve görüntüleme yaklaşımlarında da belirgin şekilde gözlenmektedir. Geleneksel yöntemlerin kullanım sıklığına rağmen, ileri görüntüleme tekniklerinin sunduğu olanaklar endodonti pratiğini önemli ölçüde geliştirmektedir.

Kök kanal tedavisinde başarı; doğru teşhis, yeterli kemomekanik preparasyon ve kanal boşluğunun apikale kadar sızdırmaz şekilde doldurulmasıyla mümkün olmaktadır (6, 7). Her bir aşamanın radyografik yöntemlerle kontrol edilmesi, tedavinin başarısını belirgin şekilde artırmaktadır. Bu bağlamda periapikal radyografiler, tedavi öncesinde, esnasında ve sonrasında güvenilirliği yüksek ve subjektifliği en düşük görüntüleme yöntemlerinden biri olarak öne çıkmaktadır.

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birlikte, US'nin periapikal lezyonların gerçek doğasını ve tipini (ör. gerçek kist – cep kisti ayrımı) belirleme konusundaki yeterliliği tartışmalıdır.

US güvenli bir teknik olarak kabul edilmektedir; ancak US dalgalarının enerjisi dokular tarafından ısı şeklinde absorbe edildiğinden kontrol altında tutulmalıdır (26). Bu potansiyel olumsuz etki, uygulama süresine bağlıdır; dolayısıyla muayene sayısı ve tekrarlarının sınırlandırılması gerekmektedir. Bununla birlikte, her durumda risk, iyonizan radyasyon kullanan radyografik incelemelerle ilişkili riskten çok daha düşüktür (61).

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