

BÖLÜM 8

PERİ-İMLANT HASTALIKLAR VE TEDAVİ PROTOKOLLERİ

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GİRİŞ

İmplant, bir işlevi yerine getirmek amacıyla belirlenen bir yere yerleştirilen organik veya inorganik cisim olarak tanımlanmaktadır (1). Dental implant ise çene kemiğine cerrahi şekilde yerleştirilen materyaldir (2). Branemark, kendisinden önce implant ile diş arasında fibröz bağ dokusu oluşması gerekliliğini savunan araştırmacıların tersine, yaptığı çalışmalar sonucunda implant ile canlı kemik arasında, arada başka bir doku olmaksızın fonksiyonel ve yapısal adaptasyonu olarak osseointegrasyon kavramını tanımlamıştır (3). Branemark'ın sunmuş olduğu bu teori günümüz dental implant uygulamalarının temelini oluşturmuştur.

Dental implant tedavisi günümüzde hem fonksiyonel hem estetik açıdan hastaların memnuniyetinin karşılandığı diş hekimliğinin en popüler tedavilerinden biridir. Bazı araştırmacılar 16 yıl süren takip sonucunda dental implantların başarı oranını %82,9 olarak bildirmişlerdir (4).

Çalışmamızın amacı dental implantların etrafında gelişen hastalıkların güncel sınıflandırmasını ve bu hastalıkların güncel tedavi protokollerini tanımlamaktır.

PERİ-İMLANT HASTALIKLAR VE DURUMLAR

Dental implantların etrafında gerçekleşen peri-implant inflamasyonlar sonucunda sert ve yumuşak dokuda kayıp ile sonuçlanan çeşitli hastalıklar mevcuttur. Bu hastalıkların yeni sınıflandırması 2017 Dünya Çalıştayı Peri-implant Hastalıklar

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apikale pozisyonlandırılmasıyla da peri-implant cep azaltılmış olmaktadır. (64). Rezektif cerrahiden sonra peri-implant cep derinliklerinde azalma olduğu ve hastanın bölgeyi daha rahat temizleyebildiği rapor edilmiştir (59). Cerrahi işlem sırasında implantoplasti denilen implantın yüzeyinin mekanik olarak pürüzsüzleştirilmesi ve parlatılması uygulaması da yapılabilir. İmplantoplasti sırasında elmas ve tungsten karbid frezler başarıyla kullanılmaktadır (68). Bir çalışmaya göre rezektif cerrahiye ek olarak implantoplasti uygulaması yapılan kişilerde kemik rezorbsiyonu, yalnızca rezektif cerrahi uygulanan kişilere göre daha az olduğu rapor edilmiştir (69). Ek olarak implantoplasti uygularken dikkatli olunmazsa titanyum parçalarının etrafa yayılma riski bulunmaktadır (19). Bilimsel bir araştırmaya göre peri-implantitis tedavisinde uygulanan rezektif cerrahinin cep derinliğinde ve süpürasyonda azalmaya, implant sağkalım oranında artışa sebep olduğu belirtilmiştir (70). Hastanın sigara kullanması, oral hijyeninin kötü olması, süpürasyonun olması, 7 mm'den fazla kemik kaybı olması gibi durumların yapılan rezektif cerrahiye etkilediği rapor edilmiştir (59).

SONUÇ

Sonuç olarak dental implant uygulamalarının günümüzde popülaritesi ve uygulama sıklığı arttıkça peri-implant hastalıkların görülme sıklığı da artmaktadır. Bu yüzden bu hastalıkların detaylı sınıflandırması 2017 Dünya Çalıştayı Peri-implant Hastalıklar ve Durumlar konsensus raporunda peri-implant sağlık, peri-implant mukozitis, peri-implantitis ve implant çevresi sert ve yumuşak doku eksiklikleri olmak üzere 4 ana başlıkta yapılmıştır. Peri-implant hastalıklar ve durumların cerrahi ve cerrahi olmayan çeşitli tedavi protokolleri belirlenip güncel yaklaşımlar sunulmuştur. Yapılan çalışmalar peri-implant hastalıkların özellikle de peri-implantitisin tedavisinin belirlemesinde çok daha fazla çalışmaya ihtiyaç duyulduğunu ortaya koymaktadır.

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