

BÖLÜM 5

DİŞ ETİ BÜYÜMELERİ-GÜNCEL BAKIŞ

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GİRİŞ

Eskiden kullanılan gingival “*hiperplazi*” (hücre sayısında artış) ve “*hipertrofi*” (hücre boyutunda artış) terimleri genel kullanımda yerini “diş eti büyümesi” terimine bırakmıştır (1). Bu terimlerin artık sık kullanılmama nedeni, gerçek büyümenin hücre boyutunda, hücre çoğalmasında, diş eti damarlanmasında ve hücre dışı matriste çeşitli derecelerde değişiklikleri içermesidir (2). Bu nedenle son dönemde diş eti büyümelerinin tanımlanmasında *hipertrofi* ve *hiperplazi* yerine “*overgrowth*” terimi daha sık kullanılmaya başlanmıştır.

Teşhis ve tedavide gerçekçi bir temel sağlamak için diş eti büyümelerinin doğasının açıklığa kavuşturulması gereklidir (3). Diş eti büyümeleri farklı etiyolojik faktörler ve patolojik değişikliklere göre farklı isimler alır (4).

Detaylı olarak etiyolojik faktörler göz önünde tutularak sınıflandırma yapılmaya çalışıldığında bazı noktaların gözetildiğini görmek mümkündür. Glickman (3) 1950 yılında yapmış olduğu ve hâlihazırda oldukça yaygın olarak kullanılan sınıflandırmada, diş eti büyümelerini kategorize etmiştir. Buna göre diş eti büyümeleri; 1) enflamatuvar, 2) enflamatuvar olmayan hiperplastik, 3) kombine büyümeler, 4) sistemik hastalık/durumların etki ettiği, 5) neoplazmlar ve 6) gelişimsel diş eti büyümeleri olarak sınıflandırılmıştır. Reddy (5) 2008 yılında yayınladığı kitabında, sınıflandırmayı; 1) enflamatuvar büyümeler, 2) ilaca bağlı, 3) sistemik hastalıklarla beraber izlenen, 4) neoplastik ve 5) yalancı büyümeler şeklinde yapmıştır. “*Overgrowth*” teriminin son yıllarda kabul görmesiyle Kantarcı ve ark. (6)

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İlaça bağlı diş eti büyümelerinde klinik tablo tam anlamıyla önlenemeyebilir. Lokal faktörlerin ortadan kaldırılmasıyla klinik görünüm üzerinde olumlu bir etki oluşturulacaktır. İlacın kesilmesi veya değiştirilmesi gündeme gelebilir. Bu hususta ilgili branş hekiminden mutlak suretle görüş istenmelidir. Asla ilaç kullanımında diş hekimi tarafından bir değişikliğe gidilmemelidir.

Son dönemde ilaca bağlı diş eti büyümelerinde farklı ajanların veya cihazların ek olarak kullanılması söz konusu olmuştur. Örneğin siklosporin kaynaklı diş eti büyümesinin tedavisinde azitromisin kullanımı cerrahi tedaviye yararlı bir alternatif veya yardımcı olabileceği bildirilmiştir (119).

Yine siklosporin A ve nifedipin kaynaklı diş eti büyümelerinin tedavisinde, periodontal flep ile elde edilen cep miktarının azaltılmasının, gingivektomi tekniğine göre daha uzun süre kalıcı olabileceği öne sürülmüştür (120). Siklosporin ve nifedipin beraber kullanımı ile oluşan diş eti büyümesinin tekrarlama riski yüksek olabileceği ileri sürülmüştür. Diyet lazer destekli gingivektominin cerrahi sırasında koagülasyon ve postoperatif kanamayı azaltmada yararlı olduğu bulunmuştur (121). Klorheksidinli gargaranın günde iki kez kullanılmasının, siklosporin A'ya bağlı diş eti büyümesinin şiddetini azaltabileceği öne sürülmektedir (122).

Diş eti büyümesi tedavisi kısaca hastaya bağlı olarak şekillendirilmelidir. Tedavi seçenekleri mevcut genel ve lokal faktörlere bağlı olarak değişkenlik gösterebilir.

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