BÖLÜM 3

ASTIM VE PERİODONTAL HASTALIKLAR ARASINDAKİ İLİŞKİ: İKİ KRONİK İNFLAMATUAR SÜRECİN KESİŞİMİ

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GİRİŞ

Astım, çeşitli çevresel tetikleyicilere karşı hava yolu duyarlılığının artması ve hırıltı, öksürük, göğüste sıkışma ve dispne gibi semptomlarla karakterize kronik bir inflamatuar hastalıktır. Tanı, klinik değerlendirme ve kendiliğinden veya tıbbi tedaviden sonra geri dönüşümlü hava yolu tıkanıklığının fonksiyonel gösterimine dayanır (1). Hastalığın heterojen fenotiplerine yol açan patogenezde farklı inflamasyon mekanizmaları yer alır. Bu, eozinofillerin ana rol oynadığı T Helper 2 (TH2) yolunu (bu grup alerjik ancak alerjik olmayan astımı da içerir) ve nötrofilik, karışık veya az hücreli infiltratların olduğu TH2 olmayan yolu içerir (1).

Astım, dünya çapında 300 milyondan fazla insanı etkileyen büyüyen bir sağlık sorunudur. Son Küresel Astım Yönetimi ve Önleme Stratejisi Raporu, İtalyan çocukların %15'inin hırıltıdan ve %11,6'sının yaşam boyu astımdan mustarip olduğunu göstermektedir. Yetişkinlerde bu yüzdeler sırasıyla %6 ve %10'a düşmektedir ve kadınlar hırıltıdan erkeklerden daha fazla etkilenmektedir. Kadınlarda ayrıca 45 ila 55 yaşları arasında en yüksek yaygınlık görülmektedir. Aksi takdirde, hastalık yaşlılıkta azalma eğilimindedir (1).

Periodonsiyum, diş eti, sement, alveolar kemik ve periodontal ligamentten oluşur. Periodontal hastalığın başlangıç formu, şişmiş, parlak ve kolayca kanayan diş etlerinin iltihaplanmasıdır (gingivitis). Periodontal sağlık, uygun tükürük

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