

BÖLÜM 12

KISA DENTAL İMPLANT UYGULAMALARI VE PROGNOZUNUN DEĞERLENDİRİLMESİ

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Günümüzde diş eksikliklerinin rehabilitasyonu için implant uygulaması öncelikli tedavi alternatifi haline gelmiştir. Özellikle de yaşlı nüfusun artışı (1) göz önüne alındığında dental implant ihtiyacının gelecekte daha da artacağı söylenebilir. Dental implant tedavisinin başarısı osseointegrasyonun sağlanabilmesi ile doğrudan ilişkilidir. Standart ve uzun implantlar osseointegrasyon için daha fazla yüzey alanı sağlamalarının yanı sıra yine osseointegrasyon için oldukça önemli bir etken olan primer stabiliteyi artırmaları açısından da avantajlıdır (2). Fakat dişsiz bölgelere implant yerleştirilmesini sınırlayıcı faktörler olduğunda implant yerleştirilebilmesi için kemik grefti uygulaması, distraksiyon osteogenezi, sinüs tabanı elevasyonu, mandibular sinir transpozisyonu, eğimli veya zigomatik implant yerleştirilmesi gibi çeşitli cerrahi yöntemler geliştirilmiştir. Kemik ogmentasyonu prosedürleri, post operatif komplikasyonlar olabilmesi, tedavi süresinin uzun oluşu, tekrarlayan cerrahi işlem gerekebilmesi ve tedavi süresinin uzun oluşu gibi sebeplerle tercih edilmediğinde (3-8) kısa implantlar atrofik alveol kretlerine implant yerleştirilmesine olanak sağlayan bir alternatif olarak öne çıkmaktadır.

KISA İMPLANT TANIMI VE LİTERATÜR ÖZETİ

Kısa implant terimi genellikle 10 mm (9) veya 8 mm'den (10) kısa implantlar için kullanılmıştır. Bazı çalışmalarda ise 7 mm'den küçük implantlar, kısa ve ekstra-kısa olarak tanımlanmıştır (11,12). Al-Johany ve ark., (13) 2017'de, 6 mm'den büyük ve 10 mm'den küçük implantları kısa implant; 6 mm ve daha kısa implantları ekstra-kısa implantlar olarak sınıflamıştır.

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