

BÖLÜM 8

İMLANT DESTEKLİ KRONLARDA MALZEME SEÇİMİ VE OKLÜZYON

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GİRİŞ

Tam seramik restorasyonların yaygınlaşması ve bilgisayar destekli tasarım–bilgisayar destekli üretim (CAD-CAM) iş akışlarının olgunlaşması implant-destekli tek kronlarda tam seramiklerin kullanımını arttırmıştır. Özellikle lityum disilikat ve monolitik zirkonya gibi materyallerin klinik kullanımını belirgin biçimde arttırmıştır. Bu eğilim yalnızca estetik taleplerle değil, monolitik tasarımların veneer porseleni kırığı (chipping) riskini azaltması ve tek randevuda restorasyonların üretilip hastaya teslim edilme olanağıyla da ilişkilidir (1).

Bununla birlikte malzeme seçimi, sadece estetik ve dayanım ikileminden ibaret değildir. Karar; implantın periodantal ligamentsiz biyomekaniği, hastaya özgü oklüzal yük profili ve parafonksiyon varlığı, retansiyon tipi (vida/siman), Ti-base ile oluşturulan arayüzün davranışı ve restorasyonun oklüzal düzeni gibi birbirine bağlı değişkenlerin birlikte değerlendirilmesini gerektirir. İmplantlarda periodantal ligamentin yokluğu, yüklerin kemiğe daha doğrudan iletilmesine neden olduğundan, temasların kontrollü tasarlandığı implant-koruyucu oklüzon ilkeleri klinik planlamanın temelini oluşturur (2, 3). Retansiyon tercihi de biyolojik ve teknik komplikasyon profilini etkiler; vida-tutuculu çözümler artık siman riskini azaltırken, siman-tutuculu tasarımlar bazı olgularda estetik ve erişim avantajları sağlayabilir (4).

BIYOMEKANİK TEMELLER: DİŞ-İMLANT FARKI

Temel olarak doğal dişler ve implantlar arasındaki biyomekanik farklılıkları tanımak ve bunlara uyum sağlamak, etkili oklüzal tasarım için kritik öneme sahiptir. Bu durum implantların uzun vadeli başarısını ve stabilitesini sağlar. Doğal dişler

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baz yüzeyi kumlanır/aktiflenir, lityum disilikat iç yüzeyi hidroflorik asit ve silan ile hazırlanır ve dual-cure rezin simanla adeziv bağ kurulur. Derin subgingival marjin veya çıkarılabilirlik gereksiniminde vida-tutuculu ya da hibrit abutment kron tasarım biyolojik riski (artık siman) azaltır. Teslimde hafif santral temas elde edilir; eksentirik temaslar kaldırılır. Her türlü oklüzal düzeltme sonrası seramiğe yüksek parlak polisaj uygulanır. Antagonist aşınması endişesinde polisajlı zirkon-ya veya lityum disilikat tercih edilebilir; her iki durumda da yüzey bitimi kilit değişkendir (1, 4, 37). Kontrol randevularında vida torku, oklüzal temaslar ve simanlı tasarımlarda artık siman varlığı düzenli izlenir (4, 40, 41).

SONUÇ

İmplant destekli tek kronlarda malzeme seçimi, biyomekanik gerçeklik (perio-dontal ligaman yokluğu), oklüzal risk profili, estetik gereksinim ve retansiyon stratejisi ekseninde yapılmalıdır. Kanıtlar, monolitik zirkonyanın posterior yüksek yükte; lityum disilikatın ise anterior bölgede estetik üstünlüğüyle güçlü bir seçenek olduğunu desteklemektedir. İmplant koruyucu oklüzyon ilkeleri, uygun Ti-base abutment-seramik bağlantısı ve yüzey bitiminin titizlikle yönetilmesi, hem teknik hem biyolojik komplikasyonları anlamlı ölçüde azaltır (1, 2, 37).

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