

BÖLÜM 2

RESTORATİF DİŞ HEKİMLİĞİNDE DERİN MARJİN ELEVASYONU: ANLAMAK VE UYGULAMAK

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GİRİŞ

Elderton (1988) ve Simonsen (1991), dişin restoratif döngüsünü tanımlamıştır(1,2). Bir diş restorasyonunun başarısız olması, ilk kusuru düzeltmek için daha büyük bir restorasyona yol açar. Bu süreç zamanla daha büyük restorasyonlara, kök kanal tedavisine ve nihayetinde diş kaybına kadar ilerleyebilir. Bu restoratif döngüden kaçınmak için diş maddesi kaybını en aza indiren ve pulpa canlılığını koruyan minimal invaziv prosedürler tercih edilmelidir (3). Minimal invaziv diş hekimliği, doğal diş benzer estetik ve fonksiyonel restoratif materyaller kullanmayı ve diş dokusunu korumayı hedefleyen biyomimetik restoratif diş hekimliği felsefesine dayanır (4).

Bununla birlikte, interproksimal temasları ve subgingival marjinleri tehlikeye atan yaygın çürük lezyonlarının tedavisi, diş hekimleri için büyük bir zorluk teşkil etmektedir. Yeterli çürük temizliği, kavite preparasyonu, ölçü alma, lastik örtü (rubber-dam) kullanımıyla izolasyon sağlanması, diş eti kanaması kontrolü, uygun restorasyon yerleşimi ve fazla simanın temizlenmesi gibi faktörler, derin servikal lezyonlar nedeniyle tehlikeye girebilir (5). Subgingival preparasyonlar; izolasyon sağlanması, kenar boşlukları, sınırlı erişim, lastik örtünün kayması, hem dijital hem de geleneksel ölçü alma işlemleri, restorasyonun yerleştirilmesi ve simantasyonu gibi prosedürleri karmaşıklaştıran zorluklar sunar (5–7).

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Grubbs ve arkadaşları da benzer bulgulara ulaşmıştır; cam iyonomerler, rezin modifiye cam iyonomerler, kompozitler ve bulk-fill kompozitlerin kırılma direnci açısından fark yaratmadığını göstermiştir (77). Ancak Zhang ve arkadaşlarının araştırması, seramik endokronlarla restore edilen dişlerde DME'nin kırılma direncini artırdığını ortaya koymuştur (78). Bresser ve arkadaşlarının çalışması ise CAD/CAM lityum disilikat seramik kronlarda DME'nin kırılma direnci üzerinde önemli bir etkisinin olmadığını göstermiştir (80).

SONUÇ

Mevcut veriler, DME'nin kırılma direnci ve periodontal sağlık açısından olumlu etkileri olabileceğini öne sürmektedir. Restoratif diş hekimliğinde başarısızlıkların çoğu kısa sürede değil, daha uzun zaman dilimlerinde ortaya çıktığı görülmektedir. Bu nedenle, DME'nin uzun vadeli başarısını değerlendirebilmek için yeterli takip sürelerine sahip klinik çalışmalar gereklidir.

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