

BÖLÜM 16

DENTAL TRAVMA VE ORTODONTİK YAKLAŞIM

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GİRİŞ

Ortodontik tedaviler, biyolojik kriterler ve dokuların sınırları göz önünde bulundurularak yapılması gereken yaklaşımlardır. Ancak travmatize dişlere ortodontik kuvvet uygulamasına hep tedbir ile yaklaşılmıştır (1). Yapılan literatür taramasında bilgilerin kısıtlı olduğu görülmüştür. Klinikte bu tip vakalarla karşılaşıldığı zaman teşhis ve tedavi planında zorluklar yaşanmaktadır (1). Dental travmaya maruz kalan diş veya dişler, ortodontik tedavi planında veya devam eden ortodontik tedavide önemli değişikliklere sebep olabilirler. Tedaviye başlamadan önce detaylı bir anamnez almak ve hastanın daha önceden travmaya maruz kalıp kalmadığını belirlemek klinik açıdan önemlidir (1). Ortodontik hasta popülasyonunda, tedaviden önce diş travması geçirme oranının yüksek olduğu bildirilmiş olup, hastaların %10,3'ü ortodontik tedaviye başlamadan önce daimi keser diş travması yaşamıştır (2). Travmatik diş yaralanmaları (TDI); maksiller ve mandibular dişleri, dişleri çevreleyen periodonsiyumu ve etrafındaki yumuşak dokuları etkileyen hasarlardır (3). Travmatik diş yaralanmalarından en çok etkilenen bireyler, ortodontik tedavi adaylarının çoğunluğunu oluşturan genç yetişkinler ve çocuklardır (4). Travmaya uğramış dişlerin ortodontik tedavisinde, dişlerde kök rezorpsiyonu görülebilir ve ardından pulpal ve periodontal sorunlar ortaya çıkabilir. Ortodontik tedavi planlaması, endodontik tedavi edilmiş dişler için karmaşık hale gelebilir. Klinisyenler, travma veya derin çürük kaynaklı endodontik tedavi görmüş dişlerin ortodontik hareketine devam etmek için doğru tekniğin, uygun zamanın ve ilgili risklerin farkında olmalıdır (3).

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