

BÖLÜM 22

MRONJ TEDAVİSİNDE PİEZOCERRAHİ KULLANIMI

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GİRİŞ

Dental literatürde 2003 yılından beri tanımlanan (1) ilaç ilişkili çene osteonekrozu (MRONJ), “önceden radyasyon tedavisi olmaksızın, hastalık riskinin arttığı belirlenen ilaçlarla tedaviye maruz kalan bireylerin mandibular ve/veya maksiller kemiğinin ilerleyici yıkımı ve nekrozu ile karakterize ilaç ilişkili advers reaksiyon” olarak tanımlanmaktadır (2,3).

MRONJ patogenezi, kemiğin yeniden şekillenmesi, döngüsü ve vaskülarizasyonunda rol oynayan osteoblastları hedef alan ilaçların aktivitesine dayanmaktadır. Osteoblastlar mineralize matrikste birikir ve yaklaşık 180 gün yaşayan osteositlere dönüşür (4,5). RANK’ı baskılayan ve osteoklastları uyararak kemik rezorpsiyonunu azaltan bir protein olan osteoprotegerin (OPG) salgırlar (6,7). Osteosit çürüdüğünde, OPG artık üretilmez ve osteoklast üzerinde RANK reseptörünün bağlanması sonucunda nekrotik veya işlevsiz kemik dokusu rezorbe edilir. Bu mekanizma, iskelet yapısının esnekliğini ve yük taşıma özelliklerini garanti eden kemik homeostazının temelidir (8,9).

MRONJ ETYOLOJİSİ

1. Antirezorptif İlaçlar

1.1. Bifosfonatlar

Bifosfonatlar, osteoklast aracılı kemik rezorpsiyonunu güçlü biçimde inhibe eder. Yüksek potent intravenöz bifosfonatlar (ör. zoledronik asit, pamidronat) MRONJ gelişimiyle en sık ilişkilendirilen ajanlardır (10,11). İlacın kemikte uzun

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Resim 15. Flebin esnetilerek 3.0 ipek suture ile suture edilmiş hali -Ar.Gör.Berk BOLA-YIRLI'nın arşivinden



Resim 16. Hastanın 4 ay sonraki post-op intraoral görüntüsü -Ar.Gör.Berk BOLA-YIRLI'nın arşivinden

SONUÇ

Piezocerrahi, MRONJ tedavisinde nekrotik kemiğin selektif olarak çıkarılmasına olanak sağlayan, yumuşak dokuyu koruyan ve primer kapamayı kolaylaştıran bir tekniktir (17,19). PRF/CGF gibi otolog trombosit ürünleriyle kombine edildiğinde başarılı sonuçlar verdiği olgu serileriyle desteklenmiştir (18). Ancak randomize kontrollü çalışmaların sınırlılığı nedeniyle piezocerrahi henüz altın standart olarak kabul edilmemektedir (24).

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