

BÖLÜM 9

GÖMÜLÜ DİŞ ÇEKİMİNDEN SONRA BEKLENEN POSTOPERATİF DÖNEMİN GÜNCEL YÖNETİMİ:

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GİRİŞ

Gömülü diş tanım olarak, fizyolojik sürme zamanı gelmesine rağmen yumuşak doku ya da alveolar kemik engeline takılıp sürmesini tamamlayamamış diştir. Tam retansiyon, dişin klinik olarak görünür hiçbir bölümünün ağız ortamına sürmemesi ve radyolojik incelemede tüm kron ve kök yapısının kemik veya yumuşak doku içerisinde izlenmesi durumudur. Yarı retansiyon ise dişin kronunun bir kısmının ağız boşluğunda görünürken, kalan kısmının yumuşak doku veya kemik içinde gömülü bulunması olarak tanımlanır (1).

Tarihsel süreç ayrıntılı olarak değerlendirildiğinde, zaman içerisinde bireylerin çene morfolojisinde meydana gelen değişikliklere bağlı olarak gömülü diş prevalansının günümüze yaklaştıkça belirgin bir artış gösterdiği anlaşılmaktadır. Radyografik görüntüleme yöntemlerinin, özellikle panoramik röntgen cihazının keşfi ve diş hekimliği ofislerinde kullanımının yaygınlaşması ile beraber gömülü diş vakalarının tespit edilme oranı belirgin şekilde artmıştır.

Dişlerin gömülü kalma durumu günlük diş hekimliği uygulamalarında sık görülen bir sorundur ve çoğu zaman rutin bir diş muayenesinde tesadüfen fark edilir. Bu nedenle, diş hekimlerinin bu durumun farkında olması çok önemlidir, çünkü erken teşhis ve müdahale birçok zararlı komplikasyonu önlemeye yardımcı olabilir.

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SONUÇ

Gömülü dişlerin cerrahi olarak çekilmesini takiben postoperatif dönem, hem hasta konforu hem de komplikasyonların önlenmesi açısından büyük önem taşır. Bu süreçte beklenen post operatif dönem; ağrı, ödem, trismus içerir. Bu beklenen sürecin sıklığı ve şiddeti, cerrahi teknik, operasyon süresi, hastanın sistemik durumu, ağız hijyeni ve hekimin postoperatif önerilerine uyum gibi çeşitli faktörlere bağlıdır. Postoperatif bakımda kullanılan farmakolojik ajanlar (analjezikler, kortikosteroidler, antibiyotikler ve antiinflamatuvar ilaçlar), soğuk uygulama, kinezyo bant uygulaması, düşük enerjili lazer ışını, cerrahi yöntem ve metodlar, ozon tedavisi vb. iyileşme sürecinin optimize edilmesine yardımcı olur. Ayrıca, hastanın bilgilendirilmesi ve beklentilerinin yönetilmesi de sürecin başarıyla tamamlanmasında kritik rol oynar. Sonuç olarak, gömülü diş çekimi sonrası postoperatif dönemin dikkatle yönetilmesi, komplikasyon riskini azaltmakta ve hastanın iyileşme sürecini olumlu yönde etkilemektedir. Bu nedenle, cerrahın klinik deneyimi kadar, hastaya sunulan postoperatif bakımın niteliği de tedavi başarısında belirleyici olmaktadır.

KAYNAKLAR

1. Kasapoğlu Ç, Brkić A, Gürkan-Köseoğlu B, Koçak-Berberoğlu Hİ. Complications following surgery of impacted teeth and their management. A Textbook of Advanced oral and Maxillofacial surgery: IntechOpen; 2013.
2. Mortazavi H, Baharvand M. Jaw lesions associated with impacted tooth: A radiographic diagnostic guide. Imaging science in dentistry. 2016;46(3):147.
3. Ajith SD, Shetty S, Hussain H, Nagaraj T, Srinath M. Management of multiple impacted teeth: A case report and review. Journal of international oral health: JIOH. 2014;6(3):93.
4. Jacoby H. The etiology of maxillary canine impactions. American journal of orthodontics. 1983;84(2):125-32.
5. Pinho T, Neves M, Alves C. Impacted maxillary central incisor: surgical exposure and orthodontic treatment. American journal of orthodontics and dentofacial orthopedics. 2011;140(2):256-65.
6. Delilbaşı Ç, Gürler G, Delilbaşı E. Investigation of impacted supernumerary teeth: a cone beam computed tomograph (cbct) study. Journal of Istanbul University Faculty of Dentistry. 2017;51(3):18-24.
7. Siotou K, Kouskouki M-P, Christopoulou I, Tsolakis AI, Tsolakis IA. Frequency and local etiological factors of impaction of permanent teeth among 1400 patients in a Greek population. Dentistry Journal. 2022;10(8):150.
8. Geçgelen M, Aksoy A. Etiology, diagnosis and treatment of impacted teeth. Smyrna Med J. 2012;2:64-8.
9. Tsuji M, Suzuki H, Suzuki S, Moriyama K. Three dimensional evaluation of morphology and position of impacted supernumerary teeth in cases of cleidocranial dysplasia. Congenital anomalies. 2020;60(4):106-14.
10. Cicoş DI, Earar K, Bucur SM, Păcurar M, Mariş M, Cicoş ID, et al. Frequency of third molar pathology: innovative causes, symptoms and treatment options. Romanian journal of oral rehabilitation. 2023;15(4).
11. Vitria EE, Tofani I, Kusdhany L, Bachtiar EW. Genotyping analysis of the Pax9 Gene in patients

- with maxillary canine impaction. *F1000Research*. 2019;8:254.
12. Winter GB. Principles of exodontia as applied to the impacted mandibular third molar: a complete treatise on the operative technic with clinical diagnoses and radiographic interpretations: American medical book company; 1926.
 13. Pell GJ, Gregory GT. Report on a ten-year study of a tooth division technique for the removal of impacted teeth. *American Journal of Orthodontics and Oral Surgery*. 1942;28(11):B660-B6.
 14. Santos KK, Lages FS, Maciel CAB, Glória JCR, Douglas-de-Oliveira DW. Prevalence of mandibular third molars according to the Pell & Gregory and Winter classifications. *Journal of maxillofacial and oral surgery*. 2022;21(2):627-33.
 15. Suzuki T, Kosugi K, Suto T, Tobe M, Tabata Y, Yokoo S, et al. Sustained-release lidocaine sheet for pain following tooth extraction: A randomized, single-blind, dose-response, controlled, clinical study of efficacy and safety. *PLoS One*. 2018;13(7):e0200059.
 16. Celikoglu M, Kamak H, Oktay H. Investigation of transmigrated and impacted maxillary and mandibular canine teeth in an orthodontic patient population. *Journal of Oral and Maxillofacial Surgery*. 2010;68(5):1001-6.
 17. Yamamoto G, Ohta Y, Tsuda Y, Tanaka A, Nishikawa M, Inoda H. A new classification of impacted canines and second premolars using orthopantomography. *Asian Journal of Oral and Maxillofacial Surgery*. 2003;15(1):31-7.
 18. Al-Zoubi H, Alharbi AA, Ferguson DJ, Zafar MS. Frequency of impacted teeth and categorization of impacted canines: A retrospective radiographic study using orthopantomograms. *European journal of dentistry*. 2017;11(01):117-21.
 19. Sarica İ, Derindağ G, Kurtuldu E, Naralan M, Çağlayan F. A retrospective study: Do all impacted teeth cause pathology? *Nigerian journal of clinical practice*. 2019;22(4):527-33.
 20. Kaymak D, İçöz D. GÖMÜLÜ DİŞLERLE İLİŞKİLİ PATOLOJİLERİN DEĞERLENDİRİLMESİ: RETROSPEKTİF KİBT ÇALIŞMASI. *Selcuk Dental Journal*. 2023;10(4):191-7.
 21. Dodson TB, Susarla SM. Impacted wisdom teeth. *BMJ clinical evidence*. 2014;2014:1302.
 22. Shirzadeh A, Shirvan SB, Alizadeh O, Grillo R, Vida M, Samieirad S. What is the Most Prevalent Type of Third Molar Impaction in Patients with Pericoronitis? *World Journal of Plastic Surgery*. 2023;12(2):57.
 23. McCoy JM. Complications of retention: pathology associated with retained third molars. *Atlas of the Oral and Maxillofacial Surgery Clinics*. 2012;20(2):177-95.
 24. Manjunatha BS, Chikkaramaiah S, Panja P, Koratagere N. Impacted maxillary second premolars: a report of four cases. *Case Reports*. 2014;2014:bcr2014205206.
 25. Karam Genno N, Aoun N, El Toun S. Adenomatoid odontogenic tumor associated with an impacted maxillary lateral incisor: a case report with five-year follow-up. *Case Reports in Dentistry*. 2017;2017(1):1709492.
 26. Gündüz K, Büyük C. Odontoma, adenomatoid odontojenik tümör. *Türkiye Klinikleri J Oral Maxillofac Radiol Spec Top*. 2017;3:13-7.
 27. Guarnieri R, Cavallini C, Vernucci R, Vichi M, Leonardi R, Barbato E. Impacted maxillary canines and root resorption of adjacent teeth: A retrospective observational study. *Medicina oral, patologia oral y cirugia bucal*. 2016;21(6):e743.
 28. Hupp JR, Tucker MR, Ellis E. Contemporary oral and maxillofacial surgery-e-book: contemporary oral and maxillofacial surgery-e-book. Elsevier health sciences; 2013. p. 143,67.
 29. Glera-Suarez P, Soto-Penaloza D, Penarrocha-Oltra D, Penarrocha-Diago M. Patient morbidity after impacted third molar extraction with different flap designs. A systematic review and meta-analysis. *Med Oral Patol Oral Cir Bucal*. 2020;25(2):e233-e9.
 30. Ness G.M. PKC. *Oral and Maxillofacial Surgery-E-Book: Oral and Maxillofacial Surgery-E-Book*. (ed) FRJ, editor: Elsevier Health Sciences; 2017.
 31. McMahon S, Bennett D, Bevan S. Inflammatory mediators and modulators of pain. *Wall and Melzack's textbook of Pain: Elsevier Churchill Livingstone*; 2006. p. 49-72.
 32. Akadiri O, Okoje V, Arotiba J. Identification of risk factors for short-term morbidity in third molar surgery. *Odonto-Stomatologie Tropicale= Tropical Dental Journal*. 2008;31(124):5-10.

33. Sowray J. Oral and maxillofacial surgery. A Companion to Dental Studies Clinical Dentistry Oxford: Blackwell Scientific Publications. 1986;1117.
34. Markovic A, Todorovic L. Effectiveness of dexamethasone and low-power laser in minimizing oedema after third molar surgery: a clinical trial. International journal of oral and maxillofacial surgery. 2007;36(3):226-9.
35. Balakrishnan G, Narendar R, Kavin T, Venkataraman S, Gokulanathan S. Incidence of trismus in transalveolar extraction of lower third molar. Journal of pharmacy & bioallied sciences. 2017;9(Suppl 1):S222.
36. Köse İ, Koparal M, Alan H, Kırtay M, Çiçek Y. DİŞ HEKİMLİĞİNDE ORAL CERRAHİ İŞ-LEMLER SONRASINDA EN ÇOK TERCİH EDİLEN ANALJEZİK İLAÇLAR (NSAİ) VE ET-KİNLİKLERİ. Atatürk Üniversitesi Dış Hekimliği Fakültesi Dergisi.25(13).
37. Chaudhary PD, Rastogi S, Gupta P, Indra BN, Thomas R, Choudhury R. Pre-emptive effect of dexamethasone injection and consumption on post-operative swelling, pain, and trismus after third molar surgery. A prospective, double blind and randomized study. Journal of oral biology and craniofacial research. 2015;5(1):21-7.
38. Montgomery MT, Hogg JP, Roberts DL, Redding SW. The use of glucocorticosteroids to lessen the inflammatory sequelae following third molar surgery. Journal of oral and maxillofacial surgery. 1990;48(2):179-87.
39. Lima CAA, Favarini VT, Torres AM, da Silva RA, Sato FRL. Oral dexamethasone decreases postoperative pain, swelling, and trismus more than diclofenac following third molar removal: a randomized controlled clinical trial. Oral and Maxillofacial Surgery. 2017;21(3):321-6.
40. Sortino F, Cicciù M. Strategies used to inhibit postoperative swelling following removal of impacted lower third molar. Dental research journal. 2011;8(4):162.
41. do Nascimento-Junior EM, Dos Santos GMS, Mendes MLT, Cenci M, Correa MB, Pereira-Cenci T, et al. Cryotherapy in reducing pain, trismus, and facial swelling after third-molar surgery: Systematic review and meta-analysis of randomized clinical trials. The Journal of the American Dental Association. 2019;150(4):269-77. e1.
42. Termine N, Panzarella V, Ciavarella D, Lo Muzio L, D'Angelo M, Sardella A, et al. Antibiotic prophylaxis in dentistry and oral surgery: use and misuse. Int Dent J. 2009;59(5):263-70.
43. Nourwali I. The effects of platelet-rich fibrin on post-surgical complications following removal of impacted wisdom teeth: A pilot study. Journal of Taibah University Medical Sciences. 2021;16(4):521-8.
44. Nehme W, Fares Y, Abou-Abbas L. Piezo-surgery technique and intramuscular dexamethasone injection to reduce postoperative pain after impacted mandibular third molar surgery: a randomized clinical trial. BMC Oral Health. 2021;21(1):393.
45. Karpe T, Sanobar A, Nasyam FA, Soumya S, Seethamsetty S, Sarepally G. To study the impact of tooth sectioning on postoperative pain, swelling and trismus after surgical extraction of impacted mandibular third molars. Cureus. 2023;15(12).
46. Koyuncu B, Zeytinoğlu M, Tetik A, Gomel M. Effect of tube drainage compared with conventional suturing on postoperative discomfort after extraction of impacted mandibular third molars. British Journal of Oral and Maxillofacial Surgery. 2015;53(1):63-7.
47. Liu S, You Z, Ma C, Wang Y, Zhao H. Effectiveness of drainage in mandibular third molar surgery: a systematic review and meta-analysis. Journal of Oral and Maxillofacial Surgery. 2018;76(8):1640-50.
48. Firoozi P, Souza MRF, de Souza GM, Fernandes IA, Galvão EL, Falci SGM. Does kinesio taping reduce pain, swelling, and trismus after mandibular third molar surgery? A systematic review and meta-analysis. Oral and maxillofacial surgery. 2022;26(4):535-53.
49. Narayan S, Patil C, Balakrishna R, Banakar VT. The Effect of Kinesio Taping After Impacted Third Molar Surgery: A Randomized Control Trial. Journal of Maxillofacial and Oral Surgery. 2025:1-6.
50. Genc A, Cakarar S, Yalcin BK, Kilic BB, Isler SC, Keskin C. A comparative study of surgical drain placement and the use of kinesiologic tape to reduce postoperative morbidity after third

molar surgery. *Clinical Oral Investigations*. 2019;23(1):345-50.

51. Nejat AH, Eshghpour M, Danaeifar N, Abrishami M, Vahdatinia F, Fekrazad R. Effect of photobiomodulation on the incidence of alveolar osteitis and postoperative pain following mandibular third molar surgery: A double-blind randomized clinical trial. *Photochemistry and photobiology*. 2021;97(5):1129-35.
52. Momeni E, Kazemi F, Sanaei-Rad P. Extraoral low-level laser therapy can decrease pain but not edema and trismus after surgical extraction of impacted mandibular third molars: a randomized, placebo-controlled clinical trial. *BMC Oral Health*. 2022;22(1):417.
53. da Silva BL, Machado G, Miranda EP, Galvão E, Falci S. Envelope or triangular flap for surgical removal of third molars? A systematic review and meta-analysis. *International journal of oral and maxillofacial surgery*. 2020;49(8):1073-86.
54. Pachipulusu PK, S M. Comparative study of primary and secondary closure of the surgical wound after removal of impacted mandibular third molars. *Oral and maxillofacial surgery*. 2018;22(3):261-6.
55. Kazancıoğlu H, Kurklu E, Ezirganlı S. Effects of ozone therapy on pain, swelling, and trismus following third molar surgery. *International journal of oral and maxillofacial surgery*. 2014;43(5):644-8.
56. Dayanan C, Ozupek M, Seyrek N. An Evaluation of the Effect of Using Irrigations at Different Temperatures on Pain, Edema, and Trismus during the Extraction of Bilateral Impacted Mandibular Third Molars: A Randomized Split-Mouth Clinical Trial. *Nigerian Journal of Clinical Practice*. 2023;26(12):1921-6.
57. Chow O, Wang R, Ku D, Huang W. Alveolar osteitis: a review of current concepts. *Journal of Oral and Maxillofacial Surgery*. 2020;78(8):1288-96.
58. Cervino G, Cicciù M, Biondi A, Bocchieri S, Herford AS, Laino L, et al. Antibiotic prophylaxis on third molar extraction: systematic review of recent data. *Antibiotics*. 2019;8(2):53.
59. Sarikov R, Juodzbalys G. Inferior alveolar nerve injury after mandibular third molar extraction: a literature review. *Journal of oral & maxillofacial research*. 2014;5(4):e1.
60. Landi L, Manicone PF, Piccinelli S, Raia A, Raia R. A novel surgical approach to impacted mandibular third molars to reduce the risk of paresthesia: a case series. *Journal of Oral and Maxillofacial Surgery*. 2010;68(5):969-74.
61. Beirne OR, Hujoel P. Radiographic tips on predicting inferior alveolar nerve exposure. *Journal of Evidence Based Dental Practice*. 2005;5(4):222-3.
62. Guillaumet-Claire M-A, Juiz-Camps A-M, Gay-Escoda C. Prevalence of intraoperative and postoperative iatrogenic mandibular fractures after lower third molar extraction: A systematic review. *Journal of clinical and experimental dentistry*. 2022;14(1):e85.