Bölüm 5

REJENERATİF ENDODONTİK TEDAVİDE TEMEL ESASLAR

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GİRİŞ

Diş yapısı mineralize ve mineralize olmayan dokulardan oluşmaktadır. Mine, dentin ve sement mineralize diş dokularıdır. Pulpa mineralize olmayan gevşek bağ dokusu yapısında olup, dişin merkezinde lokalizedir. Dentin ile çevrili pulpa dokusu, apikal foramen aracılığıyla dişin canlılığını sağlayan temel faktörleri temin eder (Morotomi, Washio, & Kitamura, 2019).

Endodontik tedavi, çürük veya travma nedeniyle etkilenmiş pulpa dokusunun uzaklaştırılması ve kök kanallarının inert bir materyalle doldurulması işlemidir. Endodontik tedavi uzun yıllardır pratikte uygulanmakta olup, güvenilir ve başarısı öngörülebilir bir tedavi seçeneğidir (C. Jung, & ark., 2019). Ancak nekrotik pulpalı ve apikal periodontitis bulunan immatur dişlerde rutin kök kanal tedavisi yöntemleri ile başarı elde edilmesi güçtür (Trope, 2010). Buna gerekçe olarak ise şu faktörler gösterilmiştir: (I) standart dezenfeksiyon yöntemleri ile kök kanallarının dezenfeksiyonun güçlüğü, (II) geniş apikal açıklık nedeniyle kanal dolumu için gerekli olan apikal daralımın elde edilemeyişi, (III) ince kök kanallarının kırılmaya yatkın oluşu. Tüm bu problemlerin kök kanallarını inceltmeye sebebiyet vermemek amacıyla minimal kök kanal enstrümantasyonu temelli, sert doku bariyeri veya apikal daralım oluşumuyla kök kanallarının kalınlaşmasını stimüle edici bir protokol ile aşılabileceği düşünülmüştür (Trope, 2010).

Rejeneratif endodonti tedavi (RET) nekrotik pulpalı immatur dişler için tavsiye edilen bir yöntemdir (Almutairi, Yassen, Aminoshariae, Williams, & Mickel, 2019). Bu tedavi yöntemi biyolojik temelli olup, nekrotik dişlerde pulpa-dentin kompleksinin rejenerasyonu ile dentin ve kök kanal sistemi yapıları gibi zarar görmüş dokuların tamiri ve yerine konmasını hedefler (Nosrat, Seifi, & Asgary, 2011). Başarılı bir RET' nin bulguları klinik semptomların ve periapikal radyolüsensinin kaybolması, dentin kalınlığı ve kök boyunun artması ile dişin vitalite testlerine yanıtının yeniden kazanmasıdır (Kim, Malek, Sigurdsson, Lin, & Kahler, 2018).

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sıklıkla ulaşılabildiği raporlanmıştır (Chen, Jovani-Sancho Mdel, & Sheth, 2015). RET sonrası dişte meydana gelebilecek doku tipleri şu şekilde sınıflandırılmıştır (Andreasen & Bakland, 2012) 1. Dentin formasyonu 2. Periodontal ligament ve sement oluşumu, 3. Periodontal ligament, sement ve kemik oluşumu, 4. Kemik ve kemik iliği oluşumu. Bunların arasından hedeflenen, dentin formasyonu ile iyileşmedir. Ancak RET sonrası kök gelişiminin (kanal duvarlarının kalınlaşması ve / veya apikal kapanma) tamamlandığını net olarak tespit etmek güçtür (Kim & ark., 2018). RET ile gerçek pulpa-dentin kompleksi rejenerasyonunun sağlanamadığı, oluşan dokunun pulpa benzeri doku olduğu bilinmektedir (Duncan, Cooper, & Smith, 2019).

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