

Bölüm 7

VERTİKAL KÖK KIRIKLARI

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GİRİŞ

Vertikal kök kırığı, çürük ve periodontal nedenlerden sonra en yaygın üçüncü diş çekilmesine neden olan (Tamse 2006), dişin köküyle sınırlı endodontik tedavi görmüş dişlerde sıklıkla görülen klinik semptomlar belirginleşinceye kadar hasta tarafından anlaşılmayan yavaş yavaş gelişen bir durumdur (Tamse ,Tsesis &Rosen 2015, Chang& ark., 2016). Kökün anatomik yapısı, mevcut kanal tedavisi, post ve bazı cerrahi uygulamalar gibi birçok predispozan etken bu klinik durumun gelişmesine neden olabilmektedir. Kök kanalının ve kırılma alanının enfekte olmasıyla birlikte patoloji gelişebilmektedir (Tsesis& ark., 2010). Bu klinik duruma tanı koymak genellikle zor olabilmektedir. Zira klinik bulgular, semptomlar ve radyolojik özellikler başarısız endodontik tedavilerin veya periodontal hastalıkların belirti ve semptomlarını taklit edebilmektedir (Tsesis& ark., 2010, Tamse ,Tsesis &Rosen 2015). Bu durum hem hastaların gereksiz acı çekmesine neden olmakta hem de hekimler için rahatsız edici bir sorun olmaya devam etmektedir. Bu bölümde vertikal kök kırığının prevelansı, etyolojisi, tanısı, histopatolojisi ve vertikal kök kırıklarından korunmak için alternatif tedavi yöntemleri hakkında bilgi verilmesi amaçlanmaktadır.

VERTİKAL KÖK KIRIĞININ PREVELANSI

Vertikal kök kırıkları genelde kök kanal tedavisi sonrası gelişen dişin çekimi ile sonuçlanan bir komplikasyondur. Apikokoronal yönde boyuna yönelim gösteren vertikal kök kırığı, endodontik ve restoratif tedavi görmüş dişlerde genel bir prevelans olarak % 10,9 – 12,9 arasında değişim göstermektedir (Vire 1991, Fuss ,Lustig &Tamse 1999). Uzun dönemli takip çalışmasında insidansı %30.8 olarak bulunmuştur (Sjögren& ark., 1990). Yoshino ve ark., vertikal kök kırıklarını % 31,7 oranında diş çekimi nedeni olarak bildirmiş, bu dişlerin % 93,6'sı endodontik tedavi görmüştür. Aynı yazarlar aynı zamanda vertikal kök kırıklarına bağlı

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leri sunmaktadır. Bu yeni tedavilerin prognozuna ışık tutmak için ek klinik çalışmaların belirtildiği görülmektedir (Tamse ,Tsesis &Rosen 2015).

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