

BÖLÜM 2

GÖMÜK KANİN ETİYOLOJİSİ, TEŞHİS VE TEDAVİSİ

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GİRİŞ

Gömük maksiller ve mandibular kanin dişlerin tedavisi genellikle disiplinlerarası yaklaşım gerektiren ve sık karşılaşılan klinik bir sorundur. Gömük dişin cerrahi olarak açığa çıkarılmasının ardından dental arka dahil etmek için uygulanan karmaşık ortodontik mekanizmalar, diş destek dokularında farklı miktarda hasara neden olabileceği gibi tedavi süresi ve maddi açıdan da hastayı zor durumda bırakabilmektedir ¹.

Gömük kanin dişlerin tedavisi, dental ark üzerindeki stratejik pozisyonları göz önüne alındığında, yüz ve gülümseme estetiği elde etmek isteyen ortodontist için önemlidir. Maksiller kaninler hem alar tabanı hem de üst dudağı destekler. Doğru hizalandığında, iyi bir şekil ve boyuta da sahipse, ön bölgeye estetik kazandırır ve aynı zamanda doğru gülümseme çizgilerinin oluşmasını sağlar. İşlevsel açıdan ise lateral hareketler sırasında, posterior okluzyonu destekler. Dolayısıyla kanin dişler, yüz, gülümseme estetiğinde önemli rol oynar ve gömük olması durumunda doğru teşhis ile sürdürülebilmesi özel dikkat gerektirir ².

Bu bölümde, maksiller gömük kanin dişe daha sık rastlanmasından ve tedavi süreci olarak daha komplike yaklaşımlar gerektirmesinden dolayı *özellikle gömük maksiller kanin* etiyojisinin ve teşhisinin yanı sıra cerrahi, periodontal ve ortodontik hususlarına genel bir bakış sunulmaktadır.

DAİMİ KANİN DİŞLERİN GELİŞİM VE SÜRME ZAMANI

Postnatal 4-5. ayda süt 1. molar kökleri arasında oluşmaya başlar.

Kanin dişin diğer dişler ile karşılaştırıldığında ;

- Sürmek için en uzun yolu katetmesi,
- En derin lokalizasyonda oluşmaya başlaması,

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4. Klinisyen hastaya bilimsel gerekçeye dayanan en uygun tedavi planını sağlamak için iletişim kuralmalıdır.
5. Gömük kaninlerle ilgili problemler özellikle tedavi yöntemleri açısından çok ilgi çekmiştir. Uzun sürecek olan bu tedavinin hasta kooperasyonu ve okluzyonun diğer özellikleri gözardı edilmeden değerlendirilmesi önemlidir.

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