BÖLÜM 6

ORTODONTİ VE KÖK REZORPSİYONU İLİŞKİSİ

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GİRİŞ

Dr. Angle'a göre normal okluzyonda, üst moların meziobukkal tüberkülü alt moların bukkal oluğuna oturmalı ve dişler okluzyon eğrisinde düzenli sıralanmalıdır.[1]

Çeneler ve dentoalveolar yapılar yüz estetiğinde önemli bir yer tutmakta olup ortodontik tedavi ile ideal estetik, fonksiyon ve fonasyon sağlanmaya çalışılmaktadır.[2] Bununla birlikte ortodontik tedaviler sonucu dişlerde ve çevre dokularda istenmeyen bazı yan etkiler ortaya çıkabilmektedir. En sık gözlenen yan etkilerden birisi de eksternal apikal kök rezorpsiyonudur.[3]

Ortodontik tedavi sırasında fizyolojik tolerans sınırlarının üzerinde uygulanan kuvvet sonucu dişlerin apikal bölgelerinde, periodontal ligament alanında oluşan kompleks biyolojik aktivitenin sonucunda rezorpsiyon oluşur.[4]

Odontoklast hücreleri tarafından dişin sement ve dentin dokularının ortadan kaldırılması eksternal apikal kök rezorpsiyonu olarak tanımlanmaktadır.[5] Ortodontik tedavi gören hastalarda eksternal apikal kök rezorpsiyonu sık bir yan etki olarak karşımıza çıkmaktadır.[6]

KÖK REZORPSİYONUNUN HİSTOLOJİSİ

Fizyolojik koşullarda, daimi dişlerin mineralize dokularında rezorpsiyon süreci oluşmamaktadır. Çünkü mineralize dokular kök kanalında predentin ve odontoblastlar; kök yüzeyinde ise presement ve sementoblastlar tarafından korunmaktadır.[7] Bununla birlikte presement mekanik olarak zarara uğrar veya bütünlüğü bozulursa, çok çekirdekli dev hücreler bu mineralize olan dokularda birikip rezorpsiyon prosesini başlatırlar.[8] Bu şekilde oluşan rezorpsiyona inflamatuar kök rezorpsiyonu denir ve eksternal ya da internal olarak seyredebilir.[9]

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