

Bölüm 9

BULK FİLL KOMPOZİT REZİNLER

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GİRİŞ

Kompozit rezinler, uygun bonding sistemleriyle diş dokusuna adeziv olarak bağlanmaya izin vermektedirler. Kompozit rezinlerin sınıf I ve II kavitelelerin restorasyonlarında kullanım ömrünün uzaması yapılan çalışmalarla da desteklenmiştir (1,2). Ancak posterior bölgede kompozit rezinlerin yerleştirilmesinde bazı sınırlamalar bulunmaktadır. Hem inkremental tabakalama tekniğinin önerilmesi hem de dişin posterior alanda izolasyonunun zor olması klinisyenin posterior bölgede çalışmasını zorlaştırmaktadır (3). Aslında kompozitin tabakalama tekniği ile yerleştirilmesi ışık penetrasyonunu artırarak materyalin tam polimerizasyonuna olanak vermekte ve böylelikle dişteki polimerizasyon büzülme streslerinin azalması amaçlanmaktadır. Ancak inkremental teknik çok zaman almakta ve restorasyonun içinde boşluklar oluşmasına sebep olmaktadır. Ayrıca ışık, kompozit rezin materyalinin en derin tabakasına etkin bir şekilde ulaştırılamazsa kompozit rezinin her bir tabakasının tabanında, tabakalar arasında ya da kavite tabanında ışıklanmamış, polimerize olmamış ya da kısmen polimerize olmuş kompozit rezin alanları kalabilmektedir. Bunun sonucunda monomerler yeterli miktarda polimere dönüşmemektedir. Oluşan artık monomerler sebebiyle de materyalin fiziksel ve mekanik özellikleri azalmaktadır (4,5). Bu durumda; kompozit rezin materyalinin dayanıklılığında azalmaya, restorasyonun düzgün bir şekilde örtülememesine ve de postoperatif hassasiyete sebep olarak restorasyonun erken dönemde kaybına yol açabilmektedir. Özellikle kök kanal tedavisi yapılmış, madde kaybı çok olan geniş posterior kavitelelerde kompozit rezin kullanımını kolaylaştırmak ve süreyi azaltmak için üreticiler tek bir seferde ve daha kalın miktarda yerleşti-

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Ayrıca UDMA molekülünün insan pulpa hücresi üstüne etkilerini araştıran bir raporun sonuçlarında, UDMA 'nın pulpa üzerinde iltihaplanma ve toksisite yaratma ihtimali bulunduğunu bildirmiştir (70).

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