

Bölüm 7

ERKEN ÇOCUKLUK ÇAĞI ÇÜRÜKLERİNİN ÖNLENMESİNDE PROBİYOTİKLERİN YERİ

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ERKEN ÇOCUKLUK ÇAĞI ÇÜRÜKLERİNİN TANIMI

Erken çocukluk çağı çürükleri (EÇÇ) toplumda sık görülen, çocukların ve ailelerinin yaşam kalitesini etkileyen enfeksiyöz hastalıklardır (1, 2). EÇÇ gelişmekte olan ülkeler için büyük bir toplumsal sağlık sorunudur. Özellikle ciddi olguların hastane ortamında, genel anestezi altında tedavi görmesi gerekliliği bu hastalığın tedavi maliyetlerini arttırmaktadır (3).

EÇÇ; 6 yaşından küçük çocuklarda bir veya daha fazla çürüklü diş (kaviteli veya kavitesiz lezyonlar), kayıp diş (çürüğe bağlı) veya herhangi bir süt dişinde dolgulu diş yüzeyi bulunması olarak tanımlanmaktadır (4). EÇÇ' nin akut veya yaygın olan hali ise şiddetli erken çocukluk çağı çürüğü (Ş-EÇÇ) olarak adlandırılmaktadır. EÇÇ ve Ş-EÇÇ arasındaki farkın teşhisi çocuğun yaşına ve çürüklü sürenin uzunluğuna bağlıdır. Ş-EÇÇ; 3 yaşından küçük çocuklarda dişlerin düz yüzeylerinde herhangi bir çürük varlığı işareti olarak tanımlanırken, 3 ile 5 yaş arasındaki çocuklarda üst çene süt kesici dişlerde 1 veya daha fazla kaviteyonlu, çürük sebebiyle kaybedilmiş diş veya dolgulu yüzey olarak tanımlanmaktadır (5, 6).

EÇÇ'nin temelini; sosyal, davranışsal, kültürel, diyet alışkanlıkları ve biyolojik risk faktörlerinin birbirleri ile karşılıklı etkileşimleri oluşturmaktadır (7). Bu karmaşık, çok faktörlü, kronik hastalık diş ağrısına, yemek yeme güçlüğüne, kilo kaybına ve uyku problemlerine neden olabilmektedir (8). Koruyucu diş hekimliği uygulamalarındaki önemli gelişmelere rağmen, EÇÇ küresel olarak çok fazla sayıda çocuğu etkilemeye devam etmektedir (9).

EÇÇ KÜRESEL PREVELANSI

EÇÇ'nin prevalansı ile ilgili temsili veriler seyrek olmakla birlikte, çeşitli ülkelerden alınan genel raporlarda 2-3 yaş arası çocuklarda EÇÇ prevalansının %12-27 olduğu bildirilmiştir (9-12). 4-6 yaş arası çocuklarda genel olarak %27-

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Streptokok türevi suşları içeren tabletlerin kullanıldığı 2-3 yaş grubu çocuklarda yürütülen çift kör plasebo kontrollü bir çalışmada, 1 yılın sonunda kontrol grubuna göre yeni çürük lezyonu gelişimi anlamlı derecede azalmıştır. Probiyotik grubunda çürük prevalansı %24 iken, kontrol grubunda %47 olarak bildirilmiştir (80).

2016 yılında yayınlanan bir çalışmada çürük sıklığı yüksek okul öncesi çocuklarda düzenli ve uzun süreli (10 ay) *Lactobacillus Rhamnosus* SP1 içeren sütlerin alınımının karyostatik etkileri gösterilmiştir. Yeni gelişen kaviteyonlu çürük lezyonu oranı probiyotik tüketen grupta (%9,7) kontrol grubuna (%24,3) göre anlamlı derecede daha az bulunmuştur (81).

Villavicencio ve ark. (82) tarafından 2018 yılında yapılan güncel bir çalışmada 3-4 yaş grubu çocuklara *Lactobacillus Rhamnosus* ve *Bifidobacterium Longum* içeren sütler 9 ay boyunca verilmiştir. Probiyotik verilen grupta *S. Mutans* oranı 9 ay sonra kontrol grubuna kıyasla istatistiksel olarak anlamlı olmasada daha düşük bulunmuştur.

Sonuç olarak; probiyotik takviyeleri ağız sağlığının idamesinde doğal bir yöntem gibi görünmektedir. Dental biyofilmin modifikasyonu ile birlikte probiyotiklerin yararları erken çocukluk döneminde kullanılmaya başlanması ile artabilir ve EÇÇ'den korunmada güncel bir yaklaşım olarak değerlendirilebilir. Ancak probiyotik takviyelerinin klinik olarak önerilebilmesi ve ağız sağlığı için en iyi probiyotığın seçilmesi konusunda daha ileri çalışmaların yapılması gerekmektedir.

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