

Bölüm 11

OTOJEN GREFT UYGULAMALARINDA İNTRAORAL DONÖR BÖLGELER

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GİRİŞ

1960'ların sonlarında Branemark ve arkadaşları; 1970'lerin sonlarında Schroeder ve arkadaşları tarafından yapılan deneysel çalışmalar sonucu osteo-integre titanyum implantlar terimleri tanıtılmıştır. İlk yayınlanan retrospektif çalışmalar tam dişsiz hastalar üzerinde yapılmış, olumlu sonuçlar elde edilmesi sonucu parsiyel dişsizlik vakalarında uygulanarak 1980'lerin sonları ve 1990'ların başlarında ilk sonuçlar yayınlanmıştır. (Buser, 2009) Son zamanlarda ise tek diş eksikliklerinde, distal uzantılarda implant uygulamaları üzerinde çalışılmaktadır. (Bornstein, 2008)

Osteointegrasyon titanyum yüzeye canlı kemiğin direkt apozisyonu olarak tanımlanmıştır. Osteointegrasyonun sağlanabilmesi için implant kemiğe aşırı ısı oluşturmaktan az travmayla yerleştirilmeli, yeterli primer stabilite sağlanmalı, alıcı sahada yeterli yükseklik ve genişlikte sağlıklı kemik bulunmalıdır. Bukkal duvarı olmayan kemiklere yapılan implantların uzun dönem prognozunun kötü olduğu, daha fazla yumuşak doku komplikasyonları görüldüğü kaydedilmiştir.

Komplikasyon ve başarısızlık oranını düşürmek için yeterli hacmi olmayan kemik lokal kontrendikasyon olarak kabul edilmeli ya da implant yerleştirilmesi için gerekli kemik rejenerasyonu için cerrahi prosedürler uygulanmalıdır. 1980'lerde ve 1990'ların başında alveolar kemikteki defektlerde ogmentasyon amacıyla yeni cerrahi teknikler geliştirilmiştir. Bu teknikler; sinüs tabanı yükseltme işlemleri; iliaktan alınan otojen greft uygulamaları, intraoral otojen greftleme

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otojen kemik kaynağı olarak kullanılması özellikle alıcı bölgeye yakın olmaları durumunda düşünülmelidir. Bu bölgede mandibular ramus ve simfize kıyasla daha az komplikasyonla karşılaşılmaktadır. (Jeff Wang & ark., 2016)

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