

Bölüm 9

DİYABET VE DİŞ HEKİMLİĞİ

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GİRİŞ

Pankreasın langerhans adacıklarının fonksiyonunun bozulması sonucu yeterli miktarda salgılanamayan insülin ve sonucunda vücutta karbonhidratların okside olduğu kronik bir hastalık olan diyabet; hiperglisemi, glikozüri, poliüri, polidipsi, polifaji, ağız kuruluğu, ağızda yanma, kandidiyazis enfeksiyonları, ağızda aseton kokusu, kilo kaybı, halsizlik, görme bozuklukları, baş ağrısı, ayakta ve bacakta iyileşmeyen ülserler, kaşıntı vb. gibi genel birçok semptomu da beraberinde getirir.⁽¹⁾ Tip 1 ve tip 2 diyabet, karbonhidrat, lipit ve protein metabolizmalarındaki düzensizliklere ek kronik komplikasyonlara da yol açar. Diyabet makrovasküler hastalık riskini önemli ölçüde arttırmaktadır.⁽²⁾ Diyabetik hastalarda sistemik komplikasyonların yanı sıra ağız diş komplikasyonlarına da sıkça rastlanılmaktadır. Bu bölümde diyabet komplikasyonlarının patobiyojisi, diyabette görülen oral komplikasyonlar ve diyabetik hastalara dental tedavi yaklaşımları üzerinde durulacaktır.

Diyabet; hiperglisemi ile karakterize, insülin sekresyonunda ve/veya insülin aktivitesinde bozulmayla ortaya çıkan metabolik bir hastalıktır. Günümüzde diyabet görülme sıklığı gittikçe artan kronik hastalıklardan biridir.^(3,4) Diyabetin birçok alt tipi bulunmakla birlikte diyabet başlıca 2 ana kategori altında incelenebilir. Tip 1 diyabet, pankreastaki beta hücrelerin otoimmün hasarı sonucu mutlak insülin eksikliğiyle ortaya çıkar. Diyabet popülasyonunun yaklaşık %5-10'unda görülen Tip 1 diyabetin, immün aracılı ve idiyopatik olmak üzere 2 alt grubu bulunur. Tip 2 diyabet ise toplumda en sık rastlanan (%90-95), beta hücrelerinin yıkımı olmadan ortaya çıkan, insülin direnci ve insülin direnci zemininde ilerleyici insülin salınım defektidir. Tip 2 diyabet, hastalarda yıllarca semptomsuz bir şekilde bulunabilir.⁽³⁾

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implant tedavisi yaparken hastalığının kontrol altında olup olmadığı, demografik verileri, dişhekim kontrol sıklığı, oral hijyeni ve sosyal bilinçliliği gözönünde bulundurulması gereken önemli hususlardır.^(104,137)

SONUÇ

Diyabetik hastalarda sistemik komplikasyonların yanı sıra ağız diş komplikasyonlarına da sıkça rastlanılmaktadır. Her diyabetik hasta mutlaka sistemik ve ağız diş sağlığı ile ilgili olası komplikasyonlar açısından değerlendirilmelidir. Bu sayede diş hekimi ağız muayenesi sırasında erken tanıya yardımcı olabilir. Ayrıca koruyucu önlemler ve tedavi süreçlerindeki gözlemler neticesinde ağız diş sağlığının korunmasıyla birlikte diyabetin metabolik kontrolünün kolaylaştırılmasına da yardımcı olur. Diş hekimi kliniğine başvuran her hastanın anamnezi dikkatlice incelenmeli, olası sistemik hastalıkların dental tedavi sürecini ve hastanın hayatını ciddi bir şekilde etkileyebileceği akıldan çıkarılmamalıdır.

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