

BÖLÜM 6

DENTİN HASSASIYETİNİN TANISI VE TEDAVİSİNDE GÜNCEL YAKLAŞIMLAR

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GİRİŞ

Dentin Hassasiyeti (DH), dentinin termal, dokusal, buharlaştırıcı, osmotik veya kimyasal uyarılara maruz kalması sonucu oluşan ve uyarının uzaklaştırılmasıyla ortadan kalkan, herhangi bir diş defekti ve hastalığıyla ilişkilendirilemeyen ağrı olarak tanımlanır (Canadian Advisory Board on Dentin Hypersensitivity, 2003). DH ağrısı, kısa süreli, keskin, iyi lokalizedir ve bireylerin yaşam kalitesi üzerinde önemli etkisi olduğu için gerçek bir halk sağlığı sorunu olarak kabul edilmiştir (Addy, 2002; Bou Chebel & ark., 2018; Litonjua & ark., 2003).

PREVALANS

DH, toplumda %4-74 arasında bir prevalansa sahip olup periodontal hastalığı olan bireylerde %72-98 arasında değişkenlik gösterir (Addy, 2002; Porto, Andrade & Montes 2009). DH çoğunlukla 20 ila 40 yaş görülür (Dababneh, Khouri & Addy, 1999; Miglani, Aggarwal & Ahuja, 2010). Yaşla birlikte DH prevalansı azalır (Bartold, 2006). Bunun sebebi, dentin ve pulpada yaşa bağlı olarak sklerotik ve sekonder dentin yapımıdır. Oral hijyeni iyi olan popülasyonlarda, oral hijyeni kötü olan popülasyonlara göre DH prevalansı daha yüksektir. Bu durum, açığa çıkan dentin yüzeylerini örten dental plağın; iyi oral hijyene sahip bireylerde daha az olması ile açıklanabilir (Clayton, McCarthy & Gillam, 2002; Gillam & Orchardson, 2006). Kadınların erkeklere göre ağız hijyenlerinin iyi olması, DH insidansının kadınlarda erkeklere göre daha yüksek olmasına sebep olmuştur. DH çoğunlukla daimi kanin ve premolar dişlerde

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daki mevcut suyun yanında ekzojenik suyu da kullanır. Ekzojenik su, dentin ablasyonunda endojen sudan daha büyük bir etkiye sahiptir (Ekworapoj, Sidhu & McCabe 2007; Meister & ark. 2006). Bu yüzden lazerin susuz kullanılması önerilmiştir. Er, Cr:YSGG lazer, dentin sıvısını buharlaştırır ve dentin tübüllerinde çözünmeyen tuzların birikmesine neden olur. Bu birikim dentin tübüllerinin tıkanmasını ve DH'nin azaltılmasını sağlar (Yılmaz & ark., 2011a). Er, Cr:YSGG lazerin diş yüzeyine uygulanması, sıcaklıkta bir artışa neden olur ve dişin kimyasal yapısını değiştirerek yüzeyi daha az çözünür hale getirir (Arantes & ark., 2019). Er, Cr:YSGG lazerin yüksek bakterisit potansiyeli de mevcuttur. Çünkü bakteriler, artan inflamatuvar aracı senteziyle DH görülen dişlerdeki ağrı eşiklerini düşürebilir. DH tedavisinde, Er, Cr:YSGG lazerin, su olmadan 0.25 Watt'da, dentin yüzeylerindeki karbonizasyon veya erime belirtileri olmadan mikroorganizmaları azalttığı bildirilmiştir (Franzen & ark., 2009). Er, Cr:YSGG lazerin DH üzerindeki muhtemel bir etki mekanizması da, ısı ile uyarıldığı bilinen nöral reseptör TRPV1'in inhibisyonuyla dental analjeziye neden olabileceğidir. Er, Cr:YSGG lazer klinik çalışmalarda da başarılı sonuçlar göstermiştir (Yılmaz & ark., 2011a, 2011b; Pourshahidi & ark., 2019).

DH tedavisinde lazerler, DHGA ile kombine olarak da kullanılmaya başlanmıştır. Literatürde DHGA ve lazerlerin kombine kullanımının, DH tedavisinde etkinliğini gösteren çalışmalar mevcuttur (Arantes & ark., 2019; Öncü, Karabekiroğlu & Ünlü 2017; İpci & ark., 2009) Fakat lazer uygulamalarının dentin yüzeylerinde çatlaklar ve düzensizliklere de neden olabileceği de bildirilmiştir. (Öncü, Karabekiroğlu & Ünlü, 2017).

SONUÇ

DH, toplumda oldukça yaygın olarak görülen ve bireylerin yaşam konforunu etkileyen bir problemdir. DH tedavisinde pekçok farklı tedavi seçeneği mevcut olsa da etkinliği tamamiyle kanıtlanmış tek bir tedavi seçeneği henüz mevcut değildir. Bu nedenle diş hekimlerinin DH teşhisi, tedavisi ve takibi konusunda yeterli bilgi birikimine ve farkındalığa sahip olmaları gereklidir.

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