مطالعه کلینیکی و رادیوگرافی تکنیک Forced eruption در درمان نقاشی ۱/۳ تاجی ریشه دندان‌ها

دکتر محمد حسن ضرابی
دانشیار و مدیر گروه آموزش اندودنتیکس دانشکده دندانپزشکی، دانشگاه علوم پزشکی مشهد

تاریخ ارائه مطالعه: ۸۲/۱۱/۵ - تاریخ پذیرش: ۸۳/۵/۲۰

چکیده

مقدمه:
ترمیم نقاشی‌های دندان در ناحیه ۱/۳ تاجی ریشه دندان‌ها مشکل است. تکنیک Forced eruption درمان چنین نقاشی‌ها است. هدف از این مطالعه بررسی کلینیکی و رادیوگرافی این تکنیک با روش توصیه شده، بوی، مدیر به‌طور کلی است.

مواد و روش‌های
در این مطالعه ۱۲ پیمانکار نمونه‌گیری شدند که نقاشی در ناحیه ۱/۳ تاجی ریشه دندان‌ها داشتند. از این مطالعه شامل پیمانکار (۶ پیمان) از طرف دندانپزشکی یک (۳ پیمان) بوی، مدیر بودند.

یافته‌ها:
نتایج کلینیکی و رادیوگرافی مطالعه نشان داد که استفاده از تکنیک Forced eruption با روش توصیه شده توسط بوی، مدیر در تمام پیمان‌های موفقیت آمیز بود.

نتیجه‌گیری:
برطبق یافته‌های بالا این تکنیک می‌تواند جهت درمان نقاشی ۱/۳ تاجی ریشه دندان‌ها استفاده شود.

کلمات کلیدی:
Forced eruption - تکنیک - نقاشی - ۱/۳ تاجی ریشه

مجله دانشکده دندانپزشکی دانشگاه علوم پزشکی مشهد / سال ۳۳/جلد ۲۸/شماره ۲۲/صفحه ۱۳۰ - ۱۴۵

آدرس: مشهد، دانشکده دندانپزشکی، بخش اندودنتیکس، تلفن ۱۷-۰۸۹۲۹۵-۱۱-۰۵۲
A Clinical and Radiographic Study of Forced Eruption Technique in Treatment of Defects in Coronal One-Third of the Root

Zarrabi MH. DDS, Endodontist
Associate Professor and Head of Dept of Endodontics, Dental School, Mashhad University of Medical Sciences, Mashhad, Iran.

Abstract

Introduction:
Restoration of defects in coronal one-third of the root is difficult. Forced eruption is a procedure for treatment of these defects. The purpose of this study was to evaluate clinical and radiographic aspects of this technique suggested by Simon.

Materials & Methods:
In this study 12 patients with defects in coronal one-third of the root were selected and treated. The defects of the selected teeth were caries (2 patients), accidental perforation (1 patient) and root fracture (9 patients).

Results:
The clinical and radiographic results of this study showed that forced eruption technique suggested by Simon was successful in all patients.

Conclusion:
According to the above findings, this technique can be used in treatment of defects in coronal one-third of the root.

Key words:
Forced eruption technique, defects, one-third of the root.
Forced eruption

Forced eruption

Forced eruption

Vertical extrusion

Root extrusion

Orthodontic extrusion

Intrusion

Heithersay

Ingber

Nozawa

Biggerstaff

Felippe

Zyskind

Berglundh

Matsui

Kajiyama

Matsui

Simon

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption

Forced eruption
تصویر ۱: نمای کلینیکی قرار دادن پست در کانال دندان و باند کردن میله افقي روی دندان‌های پایه توسعه کامپوزیت، توصیه‌های ادامه‌بردار صورت گرفته و هر هفته معاینه جهت کنترل میزان حركت دندان به‌طور کلینیکی و رادیوگرافی انجام شد (تصویر ۲-۳). زمانیکه حركت ورتیکال به میزان دلخواه صورت می‌گیرد و قلب پست به سیم افقي و نه سیم دستگاه حداکثر 8-12 هفته ثابت باقی می‌ماند، تا فرصت لازم جهت ترمیم حفره آلوترونی و ثبت موقعیت جدید الاف پروتئن و وجود داشته باشد.

تصویر ۲: نمای کلینیکی دندان پس از درمان و ترمیم ناج

کنترل دندان‌ها ۶ ماه پس از درمان یوسمیده بیماران به مخاطرات کلینیکی و رادیوگرافی انجام شد. مبناهای کلینیکی قرار دادن پست و باند کردن میله افقي روی دندان‌های پایه توسعه کامپوزیت شما در عرض یک ماه به ضایع آپيكالی، عدم وجود تحلیل در ناحیه آپيكال ریشه دندان، طبیعی بودن استخوان و لاپاروپار دندان مورد نظر بود.

نقاط دندان شده در این مطالعه شامل یوسمیده و ۲ پیمار، پروفیشن انتفاضی در یک بیمار و شکستگی ریشه دندان در ۹ پیمار بود. همچنین نوع دندان‌های دندان شده شامل ۴ دندان پرومربیل فک بالا و ۲ دندان سانتارال فک بالا بود. این مطالعه جزو مطالعات مشاهده‌ای و از نوع توصیفی یا مجموعه‌شناخته بود.

یافته‌ها:

از ۱۲ پیمار مورد مطالعه ۴ پروانه و ۸ پروانه مزکر بودند. با توجه به نقص موجود، در ۵ دندان میزان extrusion به منظور ضره جویی در مدت درمان پس از گذشت یک ماه از زمان ثابت ماندن دندان، بالا یا پایین و حركت لبه در
Forced eruption

Delivanis and Hekkarin (14) showed that, in 4 of 5 patients with a history of extrusion,
following eruption, there was an increase in the number of epithelial cells per unit area
in the root canal. These findings suggest that extrusion may be a factor in the development
of root canal infection. The authors of this study concluded that further research is needed
to determine the exact mechanism by which extrusion occurs and how it affects dental
health.

In a study by Johnson et al. (15), the incidence of root canal infection was found to be
higher in patients with a history of extrusion than in those without. The authors
suggested that this increased risk may be due to changes in the microenvironment of
the root canal that occur during extrusion.

In conclusion, extrusion appears to be a significant factor in the development of root
canal infection. Further research is needed to fully understand the mechanisms involved
and to develop effective treatment strategies to prevent this condition.

References:

Extrusion


