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Oral Session O18 – Miscellaneous

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Oral Session O18/Miscellaneous

O18–131

Evaluation of an online and nationally-distributed child protection learning resource

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Introduction: Dentists must know how to recognise and respond to child maltreatment. In May 2006, a learning resource, Child Protection and the Dental Team, was mailed to all National Health Service (NHS) primary-care dental practices (DPs) in England and concurrently published online (www.cpdt.org.uk). The aim of this project was to evaluate the DPs' opinions and use of the resource.
Materials and methods: An anonymous self-complete questionnaire was mailed to 1000 randomly-selected DPs. Nonrespondents received a repeat mailing four weeks later. Responses to closed questions were calculated as percentages and open-ended questions were subjected to content analysis.
Results: 467 completed questionnaires were returned (response rate 47%). DPs without NHS contracts in May 2006 were excluded, leaving 451 for analysis. Of the 286 (63%) respondents who reported receiving the handbook or seeing the website, 268 had used it and reported the following resulting actions: knowledge improved 76%, child protection policy adopted 60%, child protection lead identified 54%, training arranged 26%. Most agreed that the learning objectives had been achieved: 'understand responsibilities' 88%, 'recognise signs' 79%, 'know what to do' 85%, 'know where to find support' 86% and 'more confident when to refer' 75%. Respondents acknowledged other external factors had also influenced them.
Conclusion: Nearly all DPs who had seen the resource reported using it. Amongst these, the proportions reporting resulting action, learning and satisfaction were high. Penetration of the resource into the workforce was good although universal awareness was not achieved despite online publication and mailing. Funded by the Department of Health.

O18–132

Pre-school children's awareness to absence of maxillary primary incisors

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Introduction: To assess the awareness of pre-school children to the absence of maxillary primary incisors.
Patients and methods: 77 children were interviewed and clinically examined in a dental clinic and in a kindergarten. Each child was asked to identify facial features on a photograph of a boy or a girl and the order of identification was recorded. The same interview was repeated 3 times using the same photograph changed by digital means deleting 1, 2 and 4 incisors. Esthetic defects in the child's maxillary incisors were recorded. Parents report on previous dental treatment and esthetic problems of child maxillary incisors were obtained. Data was processed and analyzed with SPSS program.
Results: 59% of the children observed teeth in the 1st photograph, 67% in the 2nd and 68% in the 3rd. Of all facial features teeth were the first to be mentioned by 1/3 of the children. Teeth were noticed by more children interviewed in the dental clinic than in the kindergarten. This difference was not statistically significant. Children older than 5 years noticed the difference between the 1st and 2nd photograph more than any other age group. Regarding the ability to notice missing teeth, no significant differences were found between boys and girls, between children with or without esthetic defects in the maxillary incisors, and place of interview.
Conclusions: Pre-school children's awareness of the absence of maxillary incisors is limited. Children above the age of 5 are more likely to notice the absence of these teeth.

O18–133

Scientific case presentation – laser in pediatric dentistry: frenectomy

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Introduction: The greatest challenge in pediatric dentistry is the child's fear of pain and of dental treatments especially in surgical procedures. Can laser-assisted dental surgery improve the situation and provide more convenient treatment?
Clinical management: A 12-year-old boy was referred by an orthodontist for frenectomy. Clinical findings were a strong, three way labial frenulum extending to the gap between the two upper central incisivi leading to a diastema mediale with spacing incisal of 5mm and cervical 4mm. Patient showed a swallowing dysfunction, slight protrusion of front teeth with a convex profile. Treatment plan comprised upper labial frenectomy, a rhomboid cut of fibers in the depth to avoid relapse leaving periost intact. Laser was used because of the boys' fear of surgical treatment. Clinical procedure followed the Laserkids® concept (Schindler, Masterthesis RWTH Aachen 2008), frenectomy with Er,Cr:YSGG laser 2780 nm (C3 tip; pulse duration: 700 μs; 1.5–2 W, 30 Hz, water: 7%, air: 11%; in contact). Almost no bleeding occurred during surgery, enabling clear view and fast procedure. No sutures or coagulation was necessary after frenectomy. The healing process was very fast showing fibrine coating after 1 day. No postoperative pain, bleeding or swelling appeared. Follow-up over 4 months showed a slight scarring. Diastema spacing improved by 1.5 mm.
Conclusion: The laser-assisted frenectomy was comfortable for the patient because no sutures were necessary and no second treatment for suture removal. The biostimulating effect of laser resulted in very good wound healing and less postoperative pain.

O18–134

Abstract withdrawn

O18–135

An analysis of children requiring multiple general anaesthetics (GA's) for dental treatment

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Introduction: An audit of patients from the Department of Paediatric Dentistry at WCOH who received multiple GA's for dental treatment was undertaken. The aims were to: 1) determine the occurrence of repeat treatment under GA; 2) review the patients and procedures associated with repeat treatment; and 3) review the outcome of treatment for patients who received ≥ 2 operations under 6 years of age.
Patients and methods: Information regarding patient demographics, source of referral, medical history and reason for and type of procedure were collected for all children who had received > 1 GA between 1990 and 2002. The significance of results was analysed using the Chi-square test.
Results: 9768 patients received a GA during the study period. 410 patients (176 female, 234 male) received > 1 GA, representing a repeat treatment rate of 4.2%. The mean age of patients at their first GA was 5.46 years. 17% of patients underwent ≥ 3 GA's. 62% of these patients suffered a contributing medical disorder. For 66% of patients, multiple GA's were required for the treatment of dental caries. Nearly 50% of primary molars recorded as sound at the initial operation required treatment at the second GA. Primary molars initially restored with a stainless steel crown were significantly less likely to require re-treatment during the second operation compared with those restored with plastic restorative materials ($P \leq 0.001$).
Conclusion: Treatment of dental caries in the young or medically compromised accounted for the majority of children requiring multiple GA's. Stainless steel crowns were the most successful restoration for primary molars.

O18–135a

The urine-fluoride concentration after fluoride tablets intake of disabled children in special education schools

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Introduction: This study was designed to measure the urine fluoride concentration in disabled children after fluoride tablets were ingested. Subsidiary aims were to investigate the safety of fluoride tablets retention between the variables measured.
Patients and methods: Sixty disabled children aged 6 to 12 years old were selected by random sampling from three special education schools as the research sample. The children were divided into three groups, A, B and C and were administrated 0.25mg/F fluoride tablet, 1.0mg/F and placebo, respectively. Two urine samples were collected on two occasions, which were from first morning-urine and 2 h after a fluoride tablet was ingested during the period from Sep., 2006 to Mar., 2008. Urinary fluoride concentration was determined with a fluoride ion specific electrode and analytical instruments. JMP software was used to analyze the data.
Results: The urine-fluoride concentration of first morning-urine were insignificant between the 3 groups ($P > 0.05$), urine fluoride taken 2 h after fluoride ingested were significant higher than that in the first morning urine ($P < 0.05$). Both group A of the urinary concentration and group B of 2 h after were significantly higher than the control group (group C) during the experiment. There was a significant correlation between urine-fluoride concentrations with ingestion dosage.
Conclusion: Fluoride tablets are safe in that the urine-fluoride concentration had no accumulative damage of fluoride after 18 months of follow up.