



Impact of traumatic dental injuries on the quality of life in children from 8 -14 years old (A Pilot study)



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BACKGROUND

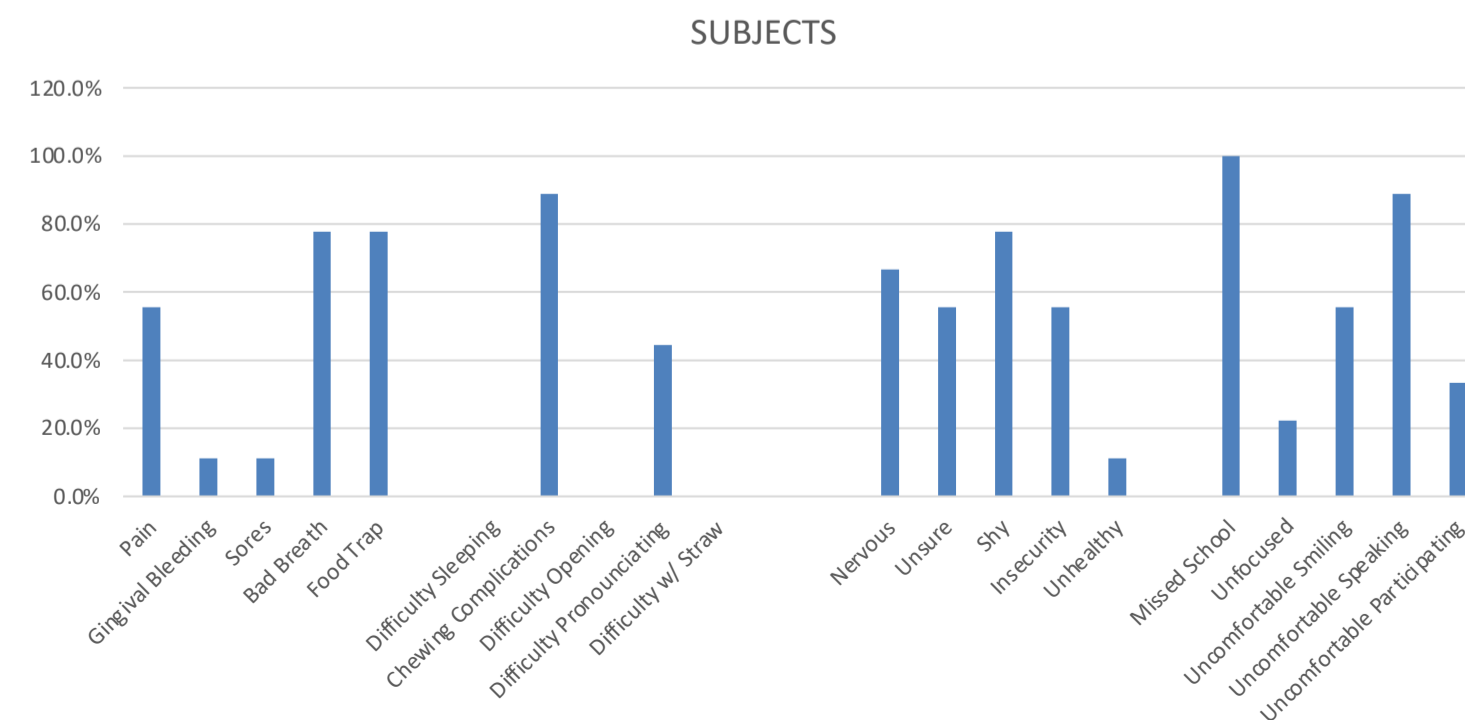
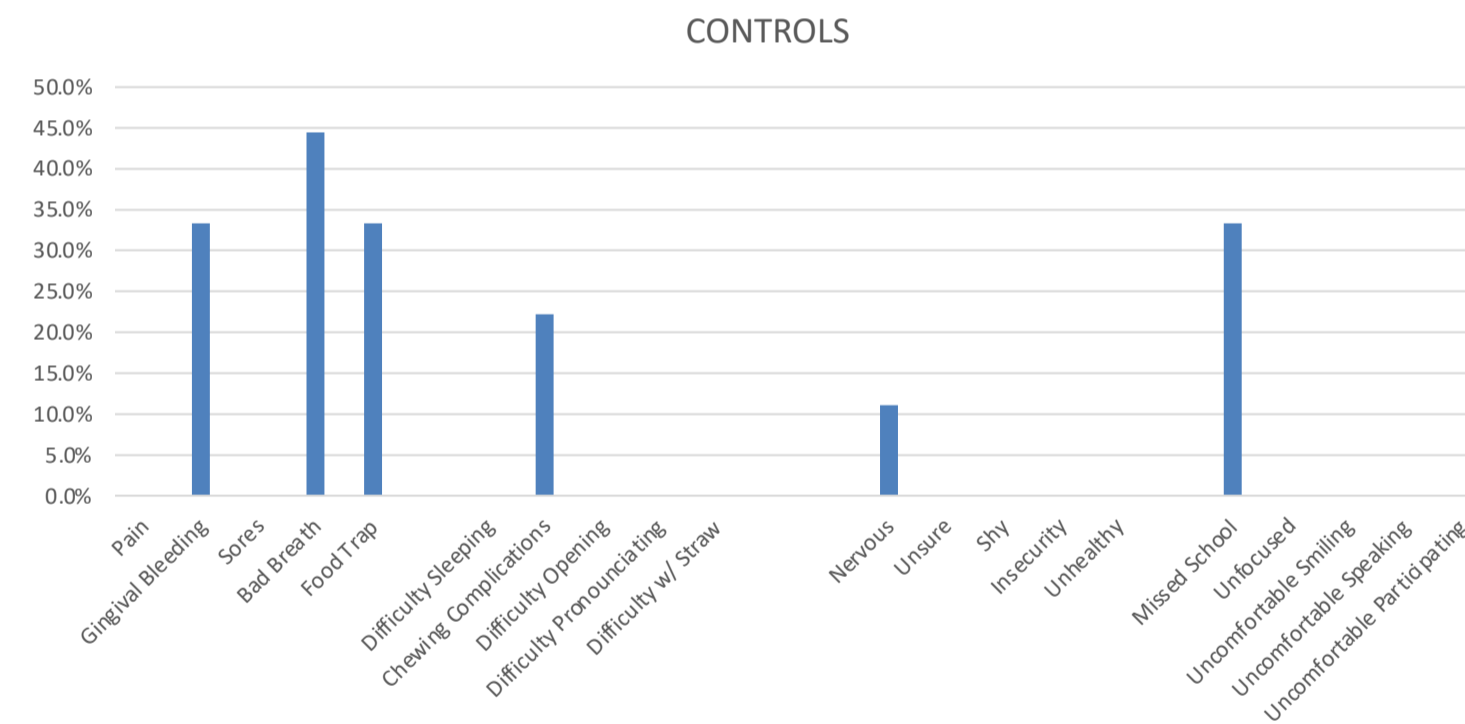
- Sustaining a traumatic dental injury (TDI) in childhood and adolescence is, unfortunately, a common occurrence, with an average of 80% of all TDIs happening before the age of 20.
- The most common TDI seen in children and adolescents is crown fracture with maxillary central incisors being the most prevalent affected teeth. Collisions and falling during play and sports have been reported as the principle reasons for pediatric TDI.
- Quality of life includes perceived social, psychological and physical functions. The appearance, size, color and position of anterior teeth have psychological and social produce significant emotional and social costs for the child and consequently their families. Dental injuries affecting anterior teeth may produce pain, disfigurement, poor aesthetics and psychological effects. As a result of poor esthetics, children may avoid smiling, or laughing which can affect their social relationships.

OBJECTIVE

- The aim of the study is to determine the association between traumatic dental injuries and Children’s Oral Health Quality of Life (COHQoL) among children aged 8-14 years using Children Perception Questionnaire CPQ.
- This study is designed to test the hypothesis that there will be differences in coping ability of children with TDI, longevity of the traumatic effects and quality of life on patients.

RESULTS

- Eighteen patients (9 subjects, 9 controls) were enrolled into the study and interviewed (87.3% boys, 16.7% girls).
- The Children Perception Questionnaire scores were higher in children with history of TDI as compared to controls.
- The most common findings were bad breath (oral symptoms), chewing complications (functional limitation), feeling unsureness (emotional well-being) and missing school (social well- being).



METHODS

- Patients between 8-14 years who presented for dental treatment at UofL pediatric dental clinic with dental trauma within one year since the day of the injury.
- After determining that the patient fulfilled the inclusion criteria, the investigator asked the legal guardian to join the study and signed the informed consent.
- The investigator administered the survey instruments to the patient and the legal guardian and performed a clinical examination.
- The Child Perception Questionnaire CPQ consists of 20 items (Yes/No questions) divided in four sections to measure the impact of oral disorders on the quality of life (oral symptoms, functional limitation, emotional well-being, and social well-being).
- The survey instruments were administered through direct interviewing during the regular dental appointment.
- Decayed, missing, and filled teeth index (DMFT) was documented for upper and lower anterior teeth registered through clinical examination.

CONCLUSIONS

- The results of our pilot study was consistent with our hypothesis that traumatic dental injuries are critical causes of negative impact on the quality of life of individuals, family and society.
- These results could open the door for clinicians to consider more aesthetic treatment options for this 8-14 age group.
- Additional investigation is needed, and this study is ongoing.