## Burden of Dental Anomalies at a University Pediatric Dental Clinic

Caitlin Fehlinger, DDS, MS1; Yan Wang, PhD2; Micah Bovenkamp, DDS, MSD1; Jan Hu, BDS, PhD3; Ana Lucia Seminario, DDS, PhD, MPH1

**W** UNIVERSITY of WASHINGTON <sup>1</sup>Department of Pediatric Dentistry, University of Washington School of Dentistry, Seattle, WA <sup>2</sup>Department of Biostatistics, University of California Los Angeles School of Dentistry, Los Angeles, CA <sup>3</sup>Department of Biologic and Materials Sciences & Prosthodontics, University of Michigan School of Dentistry, Ann Arbor, MI

## **Objectives**

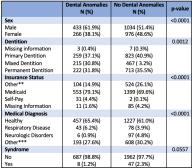
- Determine the burden of simple and complex dental anomalies in children and adolescents in a large university pediatric dental clinic database
- Identify specific treatments utilized by children with and without dental anomalies

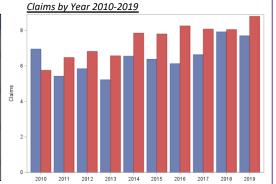
### **Methods**

- Data from electronic charts of patients 0-18y seeking care at the UW Center for Pediatric Dentistry (2010-2019)
- Word recognition via Info Manager report builder in axiUm
- 3 controls matched to each anomaly by date of first visit (+/- 1 month)
- Descriptive statistics, t-test, and chi squared test (p<0.05)</li>

	Type of Dental Anomaly	N (%)	
	Amelogenesis Imperfecta (AI)	26 (3.7%)	
	Dentinogensis Imperfecta (DI)	17 (2.4%)	
	Dentin Dysplasia (DD)	1 (0.1%)	
	Hyperdontia	570 (81.8%)	
	Hypodontia	34 (4.9%)	
	Oligodontia	13 (1.9%)	

# 





group Anomalies Control

Cost of Treatment in US Dollars 2010-2019

group Anomalies Control

## Significant Types of Restorative Treatment

#### Control Group

- Restorative treatment overall
- Sealants and SDF
- Indirect Pulp Cap and Pulpotomies
- 1 and 2 surface Anterior Composites
- 1, 2, 3+ surface Posterior Composites
- Stainless steel crowns

#### Anomalies Group

- Zirconia Crowns
  - Orthodontics and Surgery

## Results <u>Dental Anomalies Demographics</u>

- 699 Cases
- Males (61.9%), primary dentition (37.1%), and with Medicaid insurance (79.1%). Most subjects with dental anomalies were otherwise healthy (65.4%). Mean Age = 8.6 years (SD 3.7)

#### Conclusions

- 1. No significant difference in the number of appointments between groups
- Dental anomaly group had significantly fewer dental insurance claims (6.3 vs 7.6, p<0.0001)</li>
- 3. No statistical difference in cost of dental treatment between our groups
- No significant difference between the groups with the use of nitrous, oral conscious sedation, or general anesthesia
- Children with dental anomalies require more esthetic crowns, surgical treatment and orthodontic treatment compared to more restorative treatment in the control group



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