

Review Article

An Analysis of Patient Dental Care under General Anesthesia Compared to Non-Pharmacological Methods

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Abstract

Background: The unmet dental requirements are still at the loftiest rate in cases with special health care requirements (SHCN) owing to their physical conditions, lack of cooperation, anxiety and dental fear. Accoutrements and styles this study reviewed the dental map records of SHCN cases from 2005 to 2019. The dental map records were divided into two groups GA and NP groups. The demographic data, recall geste and treatment issues were anatomized and compared between groups.

Results: Two hundred and sixty- one cases progressed 2.2 - 43.1 times with mean age 14.22 ± 8.64 times old were included.

Conclusion: Patients with SHCN who were at aged age and had high caries witness with surely negative geste and multitudinous treatment requirements were more justifiably for GA. A significant new caries circumstance with faster rate tended towards SHCN cases who passed GA. Dental treatment General anesthesia Non-pharmacological Special health care needs preface Special health care requirements(SHCN) are people that live with some form of disability; physical, experimental, behavioral, sensitive, and intellectual disabilities, or any limiting conditions that could be walls in performing diurnal life routines and utmost of conditioning in a normal way. patients with SHCN are more at increased threat of caries, likely to have poorer oral hygiene and periodontal status in consequence of shy oral health care, diet problems, inadequate fluoride exposure, malocclusion, enamel disfigurement and soon. However, the unmet dental requirements are still at the loftiest rate in this group of cases owing to their limitations in cooperation, advanced position of anxiety and dentalfear.Therefore, using the applicable operation ways in dental treatment has played an important part for pediatric dentist in order to perform the procedures with effective treatment issues.

Non-pharmacological methods

The indispensable geste operation is pharmacological approach that has been used when cases can not suffer the dental treatment under routine dental setting. Nevertheless, GA requires precisely enterprises inpre-operative assessments and reveals some disadvantages similar as high cost, intra- and post-operative complications, and sanitariumgrounded setting is needed [1]. Accoutrements and styles Ethical considerations The retrospective analysis of dental map records of SHCN cases at Pediatric dental clinic, Faculty of Dentistry, Mahidol University between January 2005 and December 2019. Data collection the data were reviewed and collected by a single pediatric dentist. Before the assessment of all dental map records, 10 of the dental map records were aimlessly reviewed to estimate the intra-examiner trust ability which was considered as good (Kappa values was0.77) before the study began [2]. The records easily revealed demographic data; age, gender, occupancy area, type of disability, dental conditions; the simplified oral hygiene indicator (OHI - S) using Greene - Vermillion indicator. Cases with SHCN who had deficient comprehensive dental treatment were barred. The subjects were divided into two groups according to geste operation approach; GA versus NP [3]. All GA cases were arranged an appointment for a week latterly for close follow- up after GA and also made routine recalls in agreement to their caries threat level. Patients were recalled according to their caries threat position after completed the comprehensive treatment. Subjects in both groups entered a caries threat- grounded preventative program collectively; oral hygiene instructions, diet comforting and professional fluoride since in the first visit also demotivated and emphasized in every single visit. Statistical analysis Descriptive statistics were calculated and reported as frequentness and mean ± standard divagation [4]. Comparisons between GA and NP group were anatomized by Pearson's chi- squared test. Results Four hundred and seven dental map records were reviewed and 146 of them were barred due to deficient comprehensive treatment [5]. Therefore, a aggregate of 261 cases were included in this study. He mean decayed, missing, filled teeth of both primary and endless dentition (dmft/ dmft) or caries experience were significantly advanced in GA group. There were significantly advanced number of cases with surely negative ges in GA group, whereas NP group had advanced number of cases with surely positive geste [6].

Discussion this is the first study that revealed the information about characteristics and issues of dental treatment in cases with SHCN between general anesthesia and non-pharmacological operation approaches. pertaining to the significantly advanced mean periods, advanced number of cases that presented with surely negative and distinctly high dmft/ DMFT of both primary and endless dentitions in GA group, it may indicate that cases who have sought for their dental treatment at aged age tend to have more severe caries experience and negative, which lead them to more invasive geste [7].

Approach sagacity's possible that the general frequency of SCHN was advanced among manly, particularly in the region that this study was conducted [8]. The difference might predicate on the caries experience (dmft/ DMFT) and inflexibility in each study population which was in

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agreement of the before study. Pulp remedy was performed less in both group because of the uncertain issues when treating questionable or poor prognostic teeth, lead to adding threat for reprise treatment and therefore, birth becomes superior option in that case. One- week after GA recall rate was relatively high when compared to former study [9]. Nonetheless, continued recall rates in GA group were significant lower than NP group. The possible reason was that cases in GA group might have further complex condition and worse than NP group which is the great handicap for routine check- up [10]. Still, the socioeconomic status of major caretaker is still a pivotal factor that's demanded to take into account in recall for the fact that the oral health wasn't taken as seriously as earning their living. As a result, they couldn't bring their children for recall visit routinely particularly in low- income families [11] unfortunately, the present study couldn't anatomized the relationship between this factor and the recall geste.

Due to the limitation of secondary data reclamation. This could be due to the advanced number of crown performed in GA group and other specific factor similar as Para functional habits which substantially set up in more severe SHCN cases that needed [12].

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Page 2 of 2