

Reasons of Tooth Extraction at L.U.M.H.S Civil Hospital Hyderabad Sindh

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ABSTRACT

Introduction: Most oral diseases lead to loss of tooth. Periodontal diseases and the tooth decay are the commonest causes of tooth extraction. Tooth loss restricted the social life and because of decreased masticatory functions it may exaggerate the chances of systemic problems so over all general health is also affected.

Objectives: his study designed to know reasons of tooth extraction in L.U.M.H.S civil hospital Hyderabad SINDH.

Study Design: Cross Sectional/ Descriptive Study.

Place and duration of study: This study was conducted at O.P.D of oral surgery department L.U.M.H.S Civil Hospital Hyderabad. Duration of research was 6 months . from April 2012 to September 2012.

Materials and Methods: Data collected from hospital records included, gender of patient .Clinical and radiological features and patients chief complains about the tooth to be extracted was noted with the help of these. we determine and note the reasons of extraction. We also graded the pateints of extraction according to their socio-economical status i.e. poor, middle and good. Both genders and all ages 10 to 70 year of patient those undergoes extraction were included in this study while patient not indicated for extraction were excluded from this studies.

Result: 569 patient , 333 were female patients and 236 were male patients. The female and male percentage is 58.5% and 41.5%. caries tooth with peri-apical periodontitis 35.22% . periodontitis was the second leading reason of tooth extraction as 28.5%. More reasons of tooth extraction was Socio-economical status 20.6%, endodontic failure 8.33%, trauma/fracture 3.15%, orthodontic 2.45% and others . socio-economical status as Poor 49%, Middle 30% and Good 21%..

Conclusion. Awarness of oral hygiene in society through electronic media and print media.proper community based education to all over Pakistan begin to minimize teeth loss in our society.

Key Words: Dental Caries. Tooth extraction. Periapical Periodontitis.

INTRODUCTION

Most oral diseases leads to loss of tooth¹. Periodontal diseases and the tooth decay are the commonest causes of tooth extraction. Tooth loss restricted the social life and because of decreased masticatory functions it may exaggerate the chances of systemic problems so over all general health is also affected². When you determine the reasons of tooth extraction you may keep some things in your mind like; the importance of dietary and cleaning habits of patients and also the oral hygiene³. In PAKISTAN tooth decay is five times more common than other serious diseases; according to survey which is conducted on 9000 patients in 21 districts of PAKISTAN⁴. Restoring an extracted tooth causes great deal for patient and dentist too; because pt faces more expenses and also more time visits to dentist, and in case of dentist; dentist requires more clinical skills, but on another side maintenance of healthy dentition is much easier⁵. In dentistry tooth extraction is the last option of any treatment. Extraction of tooth due to tooth decay and periodontal problem are more practiced in developing countries as a result, number of edentulous patients also much more in developing countries than developed countries⁶. Biggest killer of world's developing countries is poverty⁷. Pakistan the average

cost of amalgam restoration is Rs 1200-1800 but the average cost of extraction is Rs 500-800 in private hospitals and clinics, because of this patient prefer extraction of tooth. The main aim of this study is to know the reasons of tooth extraction in L.U.M.H.S civil hospital Hyderabad SINDH. This data may also help to strengthen the preventive programs in future.

MATERIALS AND METHOD

This Study was carried out to determine the reasons of extraction. The study was conducted at O.P.D of oral surgery department L.U.M.H.S Civil Hospital Hyderabad. Duration of research was 6 months i.e. from April 2012 to September 2012. Study design was crosssectional/descriptive. Hyderabad has a total area of (3,198km²)km ² and according to the official census data the total population is estimated to be (5 million) distributed in of urban and rural area. Our hospital is tertiary referral center for Sind province and primary referral unit for rural population of sindh. Data collected from hospital records included, gender of patient .Clinical and radiological features and patients chief complains about the tooth to be extracted was noted with the help of these. we determine and note the reasons of extraction. We also graded the pateints of extraction according to their socio-economical status i.e. poor, middle and good. Both genders and all ages

10 to 70 year of patient those undergoes extraction were included in this study while patient not indicated for extraction were excluded from this studies.

RESULTS

Out of 569 patient , 333 were female patients and 236 were male patients. The female and male percentage is 58.5% and 41.5%.FIGURE 1. According to this study grossly carious tooth with peri-apical periodontitis was the first leading reason of tooth extraction as 35.22% of both male and female Patient. periodontitis was the second leading reason of tooth extraction as 28.5%. More reasons of tooth extraction was Socio-economical status 20.6%, endodontic failure 8.33%, trauma/fracture 3.15%, orthodontic 2.45% and Other .TABLE 1. We also Categorise the socio-economical status as Poor 49%, Middle 30% and Good 21%.figure 2.

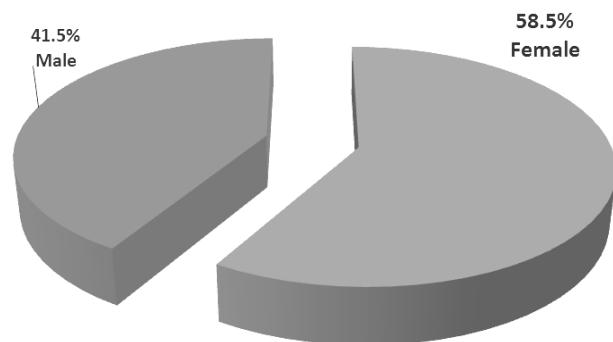


Figure No.1: Male female ratio of extraction

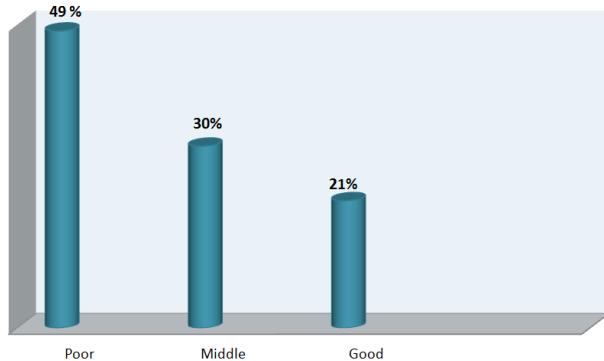


Figure No.2: Socio economical Status of Patient Having Extraction

Table No. 1: Reasons of Tooth Extraction

Sr.No.	Reasons	%
1	Grossly carious its sequel Periapical periodontitis	35.22
2	periodontitis	28.25
3	Socioeconomical status	20.6
4	Endodontic Failure	8.33
5	Trauma/Fracture	3.15
6	Orthodontics	2.45
7	Others	2
	Total	100%

DISCUSSION

This study was conducted at oral maxillofacial surgery department, civil hospital Hyderabad in this study 569 individual participated and good reflection of local population. In this study female frequency of tooth extraction is more. An Observation is dissimilar to other studies^{8,9,10}. This is fact that our male dominant society and less opportunity of female population to access to hospital. Avoiding of treatment from male dental doctor. Education level of society and patient refer to civil hospital from rural area of anterior of sindh. Multiple visit of female patient to hospital for root canal Treatment .strict restriction by in-laws husband, brothers and other family member so that female member try to extract tooth on one visit. Female avoid other consequences of rural society. extraction due to caries and periodontitis equally important cause for extraction of tooth¹¹.there is very limited research studies carried out in Pakistan and little published in Pakistan. Whatever published they support western society. our eastern society totally different from western society. by literacy. Culture, health status .socio economic condition .Living standard. This is current study main reason of tooth extraction was grossly caries tooth which leads to periapical perioiodontitis . On clinical examination at time of extraction tooth. Patients pain on biting and pain was localized at peri apical area of tooth. Al though patient had grossly or partially caries tooth. a higher percentage of patient in this study was periapical periodontitis. compare to all other studies international as well as local studies Dental caries was main cause of tooth extraction.¹²little bit different in this study grossly caries tooth with periapical periodontitis chief complain of patient of extraction of tooth. which confirm previous studies¹³. Main reason for delaying restoration of tooth. Self ignorance, no importance of tooth in oral cavity, no concept of oral hygiene maintained in our society. Public sector hospital fail to provide proper treatment with sterilization. And proper attention not given to patient at public sector hospital. And more ever patient themselves avoiding proper management and preferably went for extraction of tooth.

In this study second most common cause was periodontitis, tooth extraction in our rural society. periodontitis was major reason for tooth extraction. this data was support that periodontal condition is second major reason for tooth extraction. Compare to other studies .in this study similar result. Both international and local studies^{14,15}.In our society main reason of tooth extraction are pain .compare to other civilized society. loss of structure of tooth. In this study third reason of extraction of tooth is Socio economic status of patient . 28% compare to western studies little work done .¹⁶ Main reason of extraction

of tooth is expensive conservation treatment, poverty burdened society unaffordable to restore tooth. Poor socioeconomic condition of country and inflation true reason for extraction in rural area of Pakistan. In this study 49% cases poor status, middle ,poor, socioeconomic status has crucial effect on the treatment modality of patient in this study patient were belong to rural area mostly poor. Refuse to get expensive conservative treatment so do extraction of teeth.

In this study 8.3% cases were teeth extracted due to endodontic failure. Resident, house officer and final year BDS students dealing for endodontic treatment In our public sector hospital. Compare to other studies reason of restoration failure might be due to overburden, lack of skill ,improper vigilance of staff, lack of facilities in public sector . this result different from other studies.¹⁷

In this study dento alveolar trauma major cause of tooth loss in our society mainly due to road traffic accident compare to western society assault main reason of tooth loss. dento alveolar trauma usually fracture of root portion of tooth leads to extraction of tooth.¹⁸

In this study. Orthodontic reasoning of teeth extraction were 2.8%. common extraction were upper and lower premolar space closure in class II div I orthodontic cases ,or malocclusion . Second reason canine teeth extraction for unaffordable of orthodontic treatment in public sector hospital. Compare to other studies higher percentage of extraction teeth due to orthodontic reasoning.^{19,20}

In this study other causes of extraction were 2% only including prosthodontic .crooked teeth ,esthetic, occlusal or patient request any other reason specify.

CONCLUSION

Dental caries sequel with periapical periodontitis main reason of extraction of tooth in this study. Followed by periodontitis . Despite other part of world . Oral hygiene awareness should be increased. But still in rural areas of Pakistan oral hygiene and socioeconomic condition are worst. So that it is recommend that effort must be made for the awareness of oral hygiene in our society through electronic media and print media. Proper community based education to all over Pakistan begin to minimize teeth loss in our society.

REFERENCE

1. Afzidi SH, Rehman B, Din QU. Causes of tooth extraction in oral surgery and analysis of 400 pts reporting to Khyber college of dentistry J Pak Dent Assoc:2010;19(2):110-114.
2. Soomro MA, Maqsood S. Frequency of tooth loss in smokers J Pak Dent Assoc 2012;2(02);112-115.
3. Levine RS, Nuqeat ZJ, Rudolf MC, Sahota P. Dietary habits, tooth brushing habits and caries experience of school children in West yorkshire, England. Community Dent health 2007;24(2):82-7.
4. Oral health in Pakistan, a situation analysis, World health organization 2003;1-59.
5. Haseeb M, Kamran A, Munir MF. Causes of tooth extraction at a tertiary care center in Pakistan JPMA 2012;62(8):812-815.
6. Steele JG, Treasure E, Pitts NB, Moris J, Bradnock G. Total tooth loss in united kingdom in 1998 and implication for future. Brit Dent J 2005;198:275-8.
7. WHO. The state of world health 1995 J Public health policy 1995;16:440-51
8. Corbet EF, Davies WI. Reasons given for tooth extraction in Hong Kong. Community Dent Health 1991; 8: 121-30.
9. Klock KS, Haugejorden U. Primary reasons for extraction of permanent teeth in Norway: changes from 1968-1988. Community Dent Oral Epidemiol 1991;19: 336-41.
10. Sharafat FS, Alneghrish ARS. Reasons for extraction of teeth in Central region of Jordan. Pak Oral Dental J 2008;28:233-36.
11. Kay EJ, Blinkhorn AS. The reasons underlying the extraction of teeth in Scotland. Br Dent J 1986; 160:287-90.
12. Cahen PM, Frank RM, TurI JC. A survey of the reasons of dental extractions in France. J Dent Res 1985; 64: 1087-93.
13. Chestnutta IG, Binnieb VI, Taylor MM. Reasons for tooth extraction in Scotland. J Dent 2000;28: 295-97.
14. Reich E, Hiller KA. Reasons for tooth extraction in the western states of Germany. Community Dent Oral Epidemiol1993;21:379-83.
15. Janjua OS, Hassan SH, Azad AA, Ibrahim MW, Luqman U, Qureshi SM. Reasons and Pattern of First Molar Extraction.A Study. Pak Oral Dental J 2008; 31: 51.
16. Anand PS, Kuriakose S. Causes and pattern of loss in a teaching institute in India. J Contemp Dent Pract 2009;10 (5):57-64.
17. Quteish Taani DS. Reasons of tooth extraction in adult population of Jorden. Oral Rehabil 2003; 30 (1):110-12.
18. Jamila MA. Farsi DD. Common causes of tooth extraction in Saudi Arabia. The Saudi Dental Journal 1992; 4 (3):132-33.
19. Baqain ZH, Khraisat A, Sawair F, Ghanam S, Shaini FJ, Rajab LD. Dental extraction for the patients presenting at oralsurgery student clinic. Compend Contin Educ Dent 2007;28(3):146-50.
20. Morita M, Kimura T, Kanegae M, Ishikawa A, Watanabe T.Reasons of extraction of permanent teeth in Japan. Community Dent Oral Epidemiol 1994;22(5):303-06