

TRAUMATIC LESIONS AT YOUNG PEOPLE

Pirte Adriana*, Venter Alina*, Daina Lucia *

*University of Oradea, Faculty of Medicine and Pharmacy Oradea, Romania,
e-mail: pirteadriana@gmail.com

Abstract

The herein work tries to emphasize the frequency of traumatic dental-parodontal lesions at children aged between 7 – 20 years old, the etiological factors (accidents while playing, circulation, sports accidents, falls) the clinical manifestations, as well as the consequences of traumas of temporary teeth on the burgeons of permanent teeth. In order to establish the frequency of dental-parodontal traumatic lesions numerous statistics studies were performed, two facts resulting from these: these traumas are more frequently encountered at children and young people, and, secondly, the most affected teeth are those from the frontal-superior group.

Key words: traumatic lesions, superior teeth, frequency of lesions.

INTRODUCTION

A better sanitary education of the population, more frequent visits to the medical cabinets would make dental-parodontal traumatic lesions and not only these tracked in time, correctly treated, thus avoiding the possible complications(Thaller S.et al, 2004). The dental-parodontal traumatic lesions are among the most common traumatic oral diseases, but a large number of these lesions remain undiscovered due to the fact that the radiology exam, which may track possible fractures that are not emphasized through a clinical exam is omitted in several examinations (PopaM.B.,2005). The morpho-functional specificities of frontal teeth decisively contribute to the harmonization of facial features. Any modification of the crowns of frontal teeth has effects on the entire dental-maxillary system, disadjusting its functional, with neuropsychic implications disturbing the integration of the individual into the social life.

MATERIAL AND METHODS

In this study were examined 120 children and young people aged between 8 and 20 years old, coming from the city. Within the study the following were emphasized: a) frequency of dental fractures, b) the most frequent cause of traumas, c) frequency of dental traumatic lesions at the 2 genders, d) seriousness of dental-parodontal traumatic lesions with the number of teeth affected at a patient and the type of fracture (complicated, not complicated). The percentage of presentation at the dental medicine cabinet was also determined.'

RESULTS AND DISSCUSIONS

Frequency of dental fractures at the sample examined. Out of the total of 120 patients examined, 12 presented dental fractures, which represents 10,91% of the total.

Table 1

Frequency of detal fractures in the sample examined

No. of patients examined	No. of patients presenting fractures	% patiens presenting fractures
120	12	10,91

Frequency of dental fractures in relation to the patient's gender. The sample studied is made up of 73 female persons and 47 male persons (57,3% girls and 42,7% boys). Fractures were noticed at 4 girls and 8 boys (33,3% girls and 66,7% boys). The frequency of fractures was higher in case of boys; 17% of the male persons presented dental fractures, while these were noticed only at 6,3% of the girls.(Bratu E. et al,1998)

Table 2

Frequency of dental fractures in relation to the patient's gender

Gende r	No. of patients examined	% patients examined	No. of patients presenting fractures	% patients presenting fractures
F	73	57,27	4	6,35
M	47	42,73	8	17,02

Frequency of detal fractures in relation to the age group. The sample studied is made up of 35 patients aged between 8 and 12 years old (31,82%), 62 between 12 and 16 years old (56,36%) and 13 aged between 16 and 20 years old (11,82%). More frequent fractures were noticed in the case of persons with an older age: only 2 persons from the first group (5,71%), 5 persons from the second group (8,06%) and 5 from the third one (38,46%). In total, 16,66% of the cases were tracked in the case of children aged under 12 years old, 41,67% at patients aged between 12 and 16 years old and 41,67% at those aged between 16 and 20 years old.

Table 3

The frequency of dental fractures in relation to the patient's age group

Age group	No. of patients examined	% patients examined	No. of patients presenting fractures	% patients presenting fractures
8 – 12	35	31,82	2	5,71
12 – 16	62	56,36	5	8,06
16 – 20	13	11,82	5	38,46

Etiology of dental fractures. Within the sample studied, the most frequent cause of dental-parodontal lesions was the accidental fall (8 cases); the rest of the fractures were caused by hitting with a rough body (pool cue, pencil etc.) (4 cases).

Table 4

Etiology of dental fractures

Trauma type	No. of fractures	% fractures in total
Fracture by fall	8	66,67%
Fracture by hit	4	33,33%

Seriousness of dental fractures noticed. Within the sample investigated, the most frequent cases of fractures were those with only one tooth damaged (8 patients); cases occurred in which 2 teeth were damaged (3 cases), and only one patients had 3 fractured teeth.

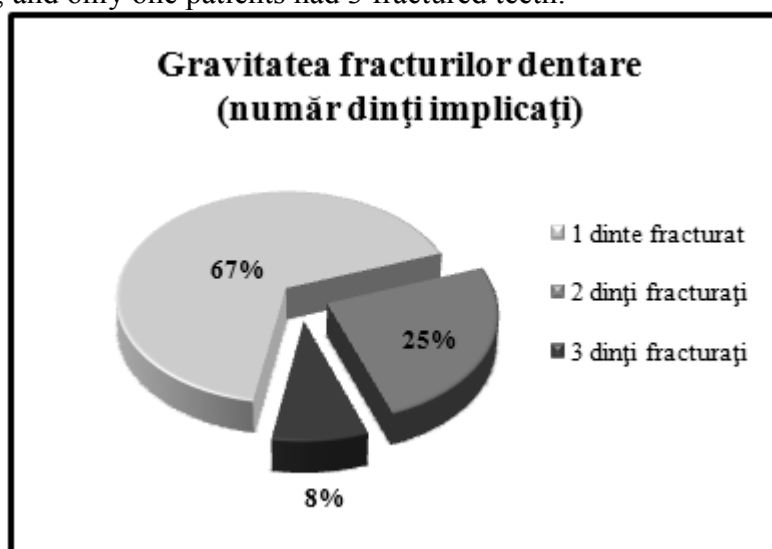


Fig. 1- Seriousness of dental fractures in relation to the number of teeth involved

Out of the total of 12 patients tracked with fractures, 11 presented crown fractures; among these, 8 presented uncomplicated crown fractures (3 cases in Ellis 1st class and 5 in Ellis 2nd class), and 3 presented complicated crown fractures (2 cases in Ellis 3rd classes and 1 case in Ellis 4th class). Only one case of root fracture was tracked.

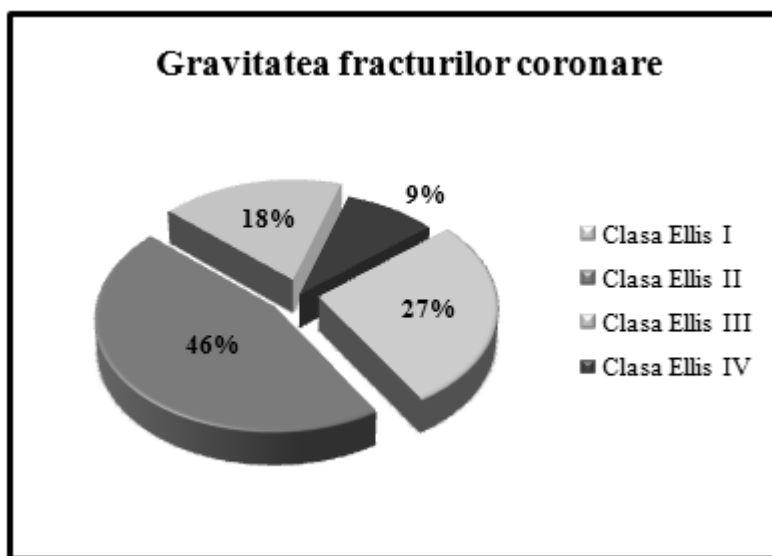


Fig. 2 – Seriousness of crown fractures

CONCLUSIONS

The traumatic lesions may be considered stomatological emergencies next to the pain and infection.(Lindhe J., 1990) The crown fractures of superior incisors affect their value; the physiognomy, phonetical, mastication, deglutition function, the previous guidance and protection of cuspid teeth are also damaged (Zarnea L.,1993). The fact that the patients are also adolescent, the damaging of physiognomy function has a stronger impact on their psychology.(Dawson E.,2009). Also, the major issue existing in the case of a dental trauma is the one of preserving the tooth, of pulp vitality, especially in the cases the root is forming. In case the tooth cannot be saved anymore, the attitude towards the existing breach shall be in relation to the clinical situation, its preservation or biological closure (Tsukiboshi M., 2000).

REFERENCES

1. Bratu E., Schiller E., 1998, Pedontology practice, Helicon Publishing House Timișoara , pp 19-31
2. Dawson E., 2009, -Occlusione funzionale ,Ed. Elsevier ,Milano. pp.134- 175
3. Lindhe J., 1990, – Textbook of Clinical Periodontology .2nd Edition Munksgaard Copenhagen , 1990, pp. 52-67
4. Popa M.B., 2005, – Esthetics in Restauration Odontotherapy, Carol Davila University Publishing House, Bucharest, pp.59-82
5. Thaller S., McDonnald W.S., 2004, Facial Trauma, Marcel Dekker Inc. New York, pp 14-23
6. Tsukiboshi M., 2000, Treatment Planning for Traumatized Teeth, Quintessence Publishing Co Inc. Tokyo, pp 67-75
7. Zarnea L., 1993, - Pedodontia, Didactical and Pedagogical Publishing House Bucharest, pp 27-45

