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Advanced age is associated with poor outcomes in oral abscess and Cellulitis

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Aim: The aim of this study was to examine the medical and economic outcomes of oral cellulitis and abscess in the elderly population.

Methods: 2011 Nationwide Inpatient Sample was used to identify patients with oral cellulitis and abscess using the International Classification of Diseases 9th revision, Clinical Modification (ICD-9 CM) code 528.3. Medical and economic outcomes (in-hospital mortality, length of stay and mean hospital charge) of dental admissions in the elderly population (≥ 65 years) were derived and compared to younger age group (< 65 years). Statistical analysis was performed using Stata 13.1 (STATA Corp, College Station, TX), which accounted for the complex survey design and clustering of the database.

Results: A total of 9,666 hospitalizations with diagnosis of oral cellulitis and abscess were identified. 18.8% ($n=1,819$) patients were ≥ 65 years old. On Univariate analyses, geriatric patients with dental admissions were found to be more likely to be White (71.8% vs. 60.5%, $p<0.001$) and Medicare beneficiaries (87.3% vs. 10.7%, $p<0.001$). No differences were seen in gender distribution, hospital region, location, bed-size and teaching status. Geriatric dental admissions were associated with higher in-hospital mortality (3.0% vs. 0.7%, $p<0.001$), mean length of stay (7.9 vs. 4.9 days, $p<0.001$) and mean total hospital charges (\$65,851 vs. 41,962, $p<0.001$).

Conclusion: Elderly patients with oral cellulitis and abscess have poorer outcomes in terms of higher mortality, longer duration of stay, and increased health care costs. Further studies are needed to identify the factors responsible and design interventions to decrease this disparity.

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