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The importance of preventive examinations and prevalence of orthodontic anomalies

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Systematic examinations are a good starting point to determine the oral health of the population. Systematic examinations are also a good source of epidemiological data. The greatest advantage of systematic oral examinations in childhood is the early detection of caries, gum disease and orthodontic anomalies. The best way to screen all children in a region is to organise a systematic screening with the school leader. In this way, it is possible to examine all schoolchildren. After the screening, important data is obtained on the prevalence of the diseases, the children subscribed to sanation or referred to specialists. Early detection of oral diseases is important to prevent complications and can be beneficial in the short and long term. The second advantage of systematic examination in childhood, is that it provides us with important data on growth, development and physiological changes. In our area, we conduct systematic examinations from grade 1 (6-yearolds) to grade 9 (15-year-olds) of primary school. This period of childhood is the most vulnerable time for the development of oral diseases and it is important to detect and sanation diseases as early as possible. In four school years (from 2015/16 to 2018/19) we conducted all schoolchildren in our region, from grade 1 to grade 9. The systematic examinations were performed by four children dentists. They were registered orthodontic anomalies according to the Angle's classification, edge- to-edge (tete-a-tete), deep bite, open bite, crossbite, aplasia, crowding (tight condition), ectopic outgrowth and dens supernumerary. Children undergoing orthodontic therapy were registered "undergoing orthodontic therapy". We registered the percentage of children with malocclusion for each year; the percentage of the representation of types of malocclusion for each year, the number of children undergoing orthodontic treatment and the gender ratio. We get information about malocclusion in the decidous, the mixed and the permanent dentition. The result showed that the highest prevalence of anomalies occurred at the age of 13 years and the lowest at the age of 6 years. The most common anomalies were deep bite, crossbite and II class of Angle,s. The most common missing teeth were 12 and 22. Orthodontic therapy started at the age of 10/11 years. The highest number of children treated with orthodontic therapy was at the age of 15 years. The result showed no difference between genders.

Biography

Boris Egić studied at the University of Niš, Serbia. He specialised in paediatric and preventive dentistry at the University of Ljubljana, Slovenia. He is currently studing on PhD at the Faculty of Medicine, University of Banja Luka, Bosnia and Herzegovina. He is a member of the Medical chamber of Slovenia, the Association for paediatric dentistry of the Slovenian dental association and a member of the Croatian dental chamber.