Total Edentulism at the Diagnosis Consultation I.S.C.S.E.M.

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Diagnosis and Dental Emergencis Consultation I.S.C.S.E.M.

Introduction

Edentulism is defined as the absence of permanente teeth (1).
It is the consequence of a multifactorial process envolving biological (caries, periodontal disease, pulp pathology, trauma and oral cancer), as well as non-biological processes (such as access to oral health care and personal therapeutic options) (2).
Edentulism can be considered as an worldwind health issue (2) and it has been associated with a negative effect in general health and quality of life (3).
Although in decline, the prevalence of edentulism in many countries such as Brazil, Australia and New Zealand is considered high (4,5,6,7).
Previous studies point that non-biological factors such as behavior, accessibility and availability of health care and socioeconomical factors play a major role in the ethiology of edentulism (8,9).

Objectives

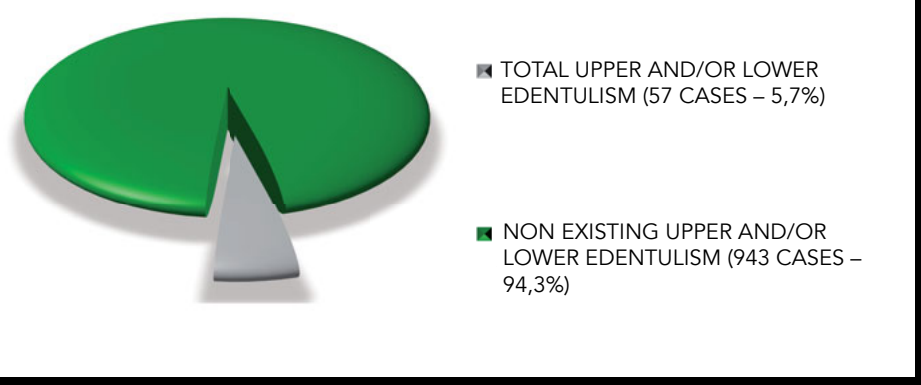
To study the prevalence of maxillary and/or mandible edentulism of the patients who seek I.S.C.S.E.M.'s oral diagnosis consultation.

Materials and Methods

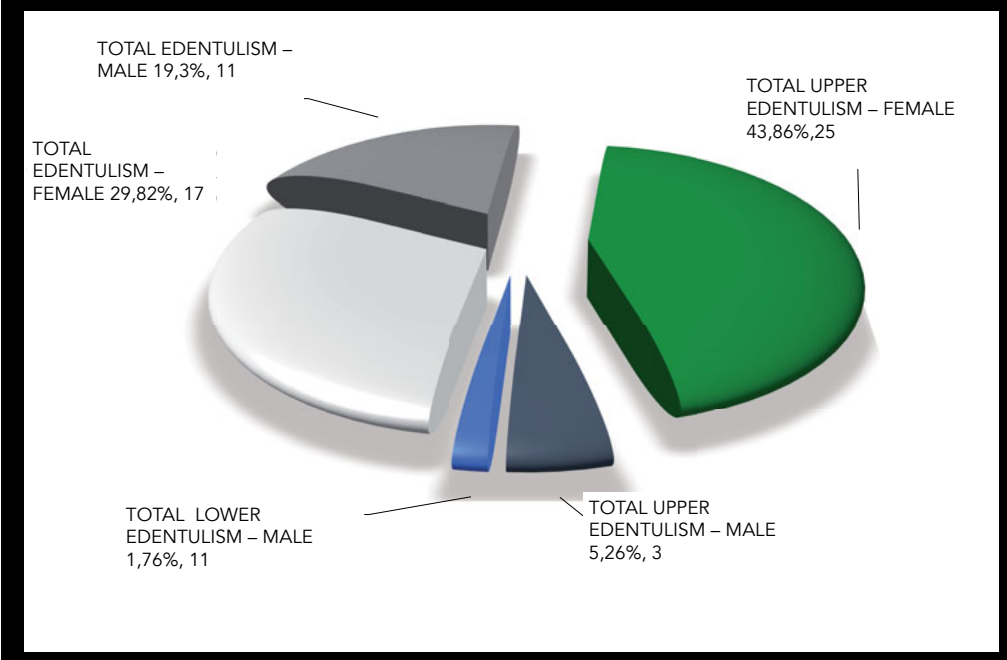
•Observational and epidemiologic study.1000 patients records from the oral diagnosis consultation performed between January and April2017 were analyzed.
•Inclusion criteria in the study group: total edentulism in, at least, one dental arch.
•The selected cases were grouped into 3 classes according to the anatomical location and degree of edentulism: 1) Total Edentulism; 2) Total Upper Edentulism; 3) Total Lower Edentulism
•The gathered data were distributed in frequency tables according to: sex and age.
•Approximations were made to the hundreds.

Results

A total of 57 cases of were identified.



Graphic 1 – Total cases of Total Upper and Lower Edentulism



Graph 2 – Distribution according to sex

CLASSES/ AGE GROUP	TOTAL EDENTULISM		TOTAL UPPER EDENTULISM		TOTAL LOWER EDENTULISM	
	N	%	N	%	N	%
< 40 Y.O.	0	0%	0	0%	0	0%
41-50 Y.O.	3	5,26%	4	7,02%	0	0%
51-60 Y.O.	6	10,53%	5	8,77%	0	0%
61-70 Y.O.	6	10,53%	7	12,27%	1	1,76%
71-80 Y.O.	8	14,03%	11	19,30%	0	0%
81-90 Y.O.	5	8,77%	1	1,76%	0	0%
> 91 Y.O.	0	0%	0	0%	0	0%
TOTALS	28	49,12%	28	49,12%	1	1,76%
MEAN AGES	67,82 YEARS OLD		65 YEARS OLD		68 YEARS OLD	

Table 1 – Distribution according to age group

SEX/ CLASSES	FEMALE		MALE	
	N	MEAN AGE	N	MEAN AGE
TOTAL EDENTULISM	17	69 Y.O.	11	66 Y.O.
TOTAL UPPER EDENTULISM	25	64,12 Y.O.	3	72,33 Y.O.
TOTAL LOWER EDENTULISM	0	_____	1	68 Y.O.

Table 2 – Distribution according to Sex and Mean Age

Discussion

The prevalence of total maxillary and/or mandible edentulism was found to be lower than in other literature sources. A clear female predominance in total edentulism was verified, which is not seen on other studies.
The advanced mean age observed in total edentulous patients in this study is consistent with the references searches, and confirms that the higher statistical frequency of total edentulism occurring in elder patients, mostly with ages ranging from 61 to 80 years old. This may be associated with difficult accessibility to preventive oral health care in earlier oral disease stages, which is considered to be a major factor in the prevention of tooth loss.

Conclusions

Then statistical frequency of total upper and/or lower edentulism in the studied population was low.

Total edentulism and total upper edentulism were more frequently found in female patients.
Total upper edentulism was most frequently observed in younger women, whereas total upper edentulism in male patients was more frequent in older male patients when compared to female patients.

Clinical implications

Total edentulous patients need complex oral rehabilitation treatments. The therapeutical alternatives range from removable options to implant based treatments.
Prolonged edentulism is associated to volumetric bone loss which, from the surgical point of view in implant based rehabilitations, demands further surgical maneuvers so that suitable bone dimensions are achieved prior to implant placement. From the removable prosthetic rehabilitations' point of view, the hard and soft tissue loss decreases its adaptation, which can result in functional loss for the patient.

References

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