

Tooth extractions are associated with anxiety-related situations that can cause behavioural problems in paediatric dental clinics.

Debankur Roy

MVGU Jaipur, India.

Copyright: 2021 Roy D. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

We aimed to describe the behaviour of children during tooth extraction appointments, compare it to their behaviour in preceding and subsequent dental appointments, and assess the behavioural differences according to gender, age, type of dentition, socio-economic status and reason for extraction. This was a study based on information obtained from records of children between 6 and 14 years of age who were cared at the Dental clinics in Kolkata, Howrah city (INDIA). Child behaviour was assessed during the dental appointment that preceded the tooth extraction, during the tooth extraction appointment, and in the subsequent dental appointment using the Wenham's Behaviour Rating Scale (0-4). Results were analysed using the Pearson Chi-square. 30 children were included from the clinics. Cooperative behaviour prevailed in all the dental appointments. The prevalence of "mild/intense protest" was higher in the tooth extraction appointments than in the previous or subsequent dental appointments depending on socio-economic status of patients and age factor. No significant differences in behaviour were detected between the type of dentition (primary or permanent teeth), reason for extraction or gender. In general cooperative behaviour prevailed in the present sample and a low prevalence of uncooperative behaviour was observed during tooth extraction. Despite this fact there was an increase in uncooperative behaviour during tooth extraction procedures appointments compared to previous dental appointments. There is strong association between procedure including tooth extraction and too much invasive procedure including tooth extraction. Tooth extraction may cause anxiety during treatment because of possibilities of forceful or painful removal of tooth, thus resulting in adverse behaviour and raising protest from the child. The dental procedure may also represent a feeling of loss suggesting a "psychological insult" to the child. The changes in behaviour during tooth extraction are associated with sensation of local anaesthesia.

Introduction:

Tooth extraction is a commonly performed procedure in dental clinics. It has been shown that the reasons for and pattern of tooth extraction vary across geographical regions. Few reports on the pattern of extraction among a semi-urban populace exist. To the best of our knowledge, there is no study on the pattern and reasons for tooth mortality from Sokoto, North-western Nigeria, which is a semi-urban region.

Conclusion:

Unfamiliar or unpleasant tastes and fear of blood which leads to avoidance behaviours. A quality study observed that children externalize a specific anxiety to dental local anaesthetic forceful or painful removal of tooth, thus resulting in aversive behaviour and raising protests from the child. Injections and the presence of sharp instruments during dental treatment as an overwhelming sensory experience which reinforce the influence of clinical context on child behaviour. Further the main complaints of child is cracking and wiggling of tooth during extraction. The sensation caused by manipulation of a tooth with an elevator or with the forceps, the sound of the instruments, and the pressure are often interrupted as pain by child. Interestingly child behaviour in subsequent dental appointments was no different

from child behaviour in dental appointment before extraction suggesting that the extraction neither triggered nor increased fear of dental appointments in subsequent visits.