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Original Research

Assessment of parents' awareness regarding management of on- site traumatic dental injuries

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ABSTRACT:

Background: Dental trauma in children is a significant oral health issue worldwide. The present study was conducted to assess parents' awareness regarding management of on- site traumatic dental injuries. Materials & Methods: 150 parents who accompanied their children age ranged 6- 14 years of both genders were selected. A questionnaire was prepared and submitted to all parents and their response about awareness of on- site dental trauma was recorded. Results: Out of 150 parents, males were 80 and females were 70.46 parents had their childdentaltrauma inpast. In response to if your child fell and broke an upper front tooth, the broken piece of the tooth should be saved, 80 replied yes, 45 no and 25 don't know. 72 parents replied a tooth can be completelyknocked out. 90 parents thought primary teeth should be put back in, after they were knocked out. In response to how urgent it is necessary to seek professional help, 62 replied immediately, 50 later and 38 only if any pain or other symptoms are noticed. 96 think use of mouthgaurd is appropriate for child during sport activity. 88 replied the follow-up of the child by dentist important. 46 received any information regarding traumatic dental injuriespreviously. 72 parents replied that put the tooth back into the socket, if the tooth was completely out of the socket, but still in the child's mouth, 40 replied leave the tooth inside the mouth and 38 replied remove the tooth from the mouth. The difference was significant (P< 0.05). Conclusion: Parents had sufficient awareness regarding management of on- site traumatic dental injuries.

Keywords: children, Dental trauma, parents

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INTRODUCTION

Dental trauma in children is a significant oral health issue worldwide. They range from minor enamel chipping to extensive maxillofacial damage involving the supporting structures and displacement or avulsion of teeth.¹

The most common causes of dentoalveolar injuries are car crashes, disputes, falls at home, and sports. The inability to maintain a good mental state, trouble masticating food, and embarrassment when smiling or laughing have all been linked to these severe tooth injuries. As a result, it is believed that traumatic dental injuries lower one's quality of life. Dental injuries are likewise regarded as an emergency requiring prompt medical attention. These kinds of injuries are upsetting experiences that have an impact on kids as well as parents or other caregivers. Managing these kinds of issues calls for sufficient knowledge, quick decision-making, and decisive

action. In order to restore dental and emotional health, both the child's pediatric dentist and parents or other caregivers are crucial.⁴

Given that the majority of dental injuries happen at home, with schools following suit, parents must act promptly and appropriately.⁵ If parents are aware of what to do in the event of an accident and know what first aid measures to take, they can significantly improve their child's prognosis for traumatic dental damage to permanent teeth. The parents' awareness and expertise in managing these emergency situations may have an impact on the teeth's prognosis.⁶

The present study was conducted to assess parents' awareness regarding management of on- site traumatic dental injuries.

MATERIALS & METHODS

The present study consisted of 150 parents who accompanied their children age ranged 6- 14 years of

both genders. All gave their written consent to participate in the study.

Data such as name, age, gender etc. was recorded. A questionnaire was prepared and submitted to all

parents and their response about awareness of on-site dental trauma was recorded. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Total- 150				
Gender	Male	Female		
Number	80	70		

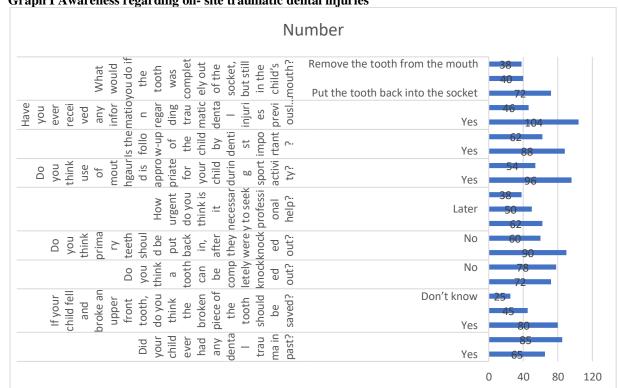
Table I shows that out of 150 parents, males were 80 and females were 70.

Table II Awareness regarding on- site traumatic dental injuries

Questionnaire	Response	Number	P value	
Didyour childever hadany dentaltrauma	Yes	65 0.05		
inpast?	No	85		
If your child fell and broke an upper front	our child fell and broke an upper front Yes		0.81	
tooth, do you think the broken piece of the	No	45		
tooth should be saved?	Don't know	25		
Do you think a tooth can be completely	Yes	72	0.92	
knocked out?	No	78		
Do you think primary teeth should be put	Yes	90	0.04	
back in, after they were knocked out?	No	60		
How urgent do you think is it necessary to	Immediately	62	0.17	
seek professional help? Later		50		
	Only if any pain or other symptoms	38		
	are noticed			
Do you think use of mouthgaurd is	Yes	96 0.0		
appropriate for your child during sport	No	54		
activity?				
Is the follow-up of the child by dentist	Yes	88	0.11	
important?	No	62		
Have you ever received any information	Yes	104 0.02		
regarding traumatic dental injuries	No 46			
previously?				
What would you do if the tooth was	Put the tooth back into the socket	72	72 0.04	
completely out of the socket, but still in the	Leave the tooth inside the mouth	40		
child's mouth?	Remove the tooth from the mouth	38		

Table II, graph I shows that 46 parents had their childdentaltrauma inpast. In response to if your child fell and broke an upper front tooth, the broken piece of the tooth should be saved, 80 replied yes, 45 no and 25 don't know. 72 parents replied a tooth can be completelyknocked out. 90 parents thought primary teeth should be put back in, after they were knocked out. In response to how urgent it is necessary to seek professional help, 62 replied immediately, 50 later and 38 only if any pain or other symptoms are noticed. 96

think use of mouthgaurd is appropriate for child during sport activity. 88 replied the follow-up of the child by dentist important. 46 received any information regarding traumatic dental injuriespreviously. 72 parents replied that put the tooth back into the socket, if the tooth was completely out of the socket, but still in the child's mouth, 40 replied leave the tooth inside the mouth and 38 replied remove the tooth from the mouth. The difference was significant (P< 0.05).



Graph I Awareness regarding on- site traumatic dental injuries

DISCUSSION

Dental trauma can be extremely painful and distressing, and it is still one of the major issues with oral health in children. It can range in severity from a small chip in the enamel to severe maxillofacial injury that affects the supporting tissues and causes teeth to shift or avulse.^{7,8} The loss or fracturing of a kid's anterior teeth is arguably the dental disorder that youngster affects the and parents more psychologically. In addition to being vital for mastication, phonetics, psychological and mental health, and the integrity of supporting tissues, primary and permanent anterior teeth are also crucial for aesthetics.^{9,10}The present study was conducted to assess parents' awareness regarding management of on- site traumatic dental injuries.

We found that out of 150 parents, males were 80 and females were 70. Rani et al¹¹assessed the knowledge, attitude and awareness of parents regarding dental trauma and its management. This study suggested that there is a lack of proper knowledge on emergency management of traumatic dental injuries first-aid among the study participants. The results of this study indicated low level of knowledge regarding tooth avulsion and replantation procedures to be followed in emergency. The residing area and age of parents did not affect the knowledge and awareness of parents. A well- educated parents had lack of proper knowledge about emergency management of dental trauma first aid

that 46 parents had childdentaltrauma inpast. In response to if your child fell and broke an upper front tooth, the broken piece of the tooth should be saved, 80 replied yes, 45 no and 25 don't know. 72 parents replied a tooth can be completelyknocked out. 90 parents thought primary teeth should be put back in, after they were knocked out. In response to how urgent it is necessary to seek professional help, 62 replied immediately, 50 later and 38 only if any pain or other symptoms are noticed. 96 think use of mouthgaurd is appropriate for child during sport activity. 88 replied the follow-up of the child by dentist important. 46 received any information regarding traumatic dental injuriespreviously. 72 parents replied that put the tooth back into the socket, if the tooth was completely out of the socket, but still in the child's mouth, 40 replied leave the tooth inside the mouth and 38 replied remove the tooth from the mouth. Namdev et al¹²evaluated the awareness level of parents in the management of dental trauma. A total of 1500 parents were surveyed using a self-administered structured questionnaire. The questionnaire was divided into three parts. This study indicated a low level of knowledge regarding tooth avulsion and replantation procedures to be followed in emergency. The residing area and age of parent did not affect the knowledge and awareness of parents. Moreover, well-educated parents also had very little or no information about dental trauma first-aid. The lack of significance in correct answers between those with and without such experience indicated that past experience did not seem to have increase the knowledge of the correct emergency procedures. Very little or no information about tooth avulsion and replantation had been given to most of them.

The limitation of the study is the small sample size.

CONCLUSION

Authors found that parents had sufficient awareness regarding management of on- site traumatic dental injuries.

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