PATTERN OF DENTAL DISEASES AMONG SUBJECTS ATTENDING A SHORT-TERM MEDICAL MISSION PROJECT IN UROMI, NIGERIA

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Editor,

Dental care is now a common component of medical missions organized by non-governmental or faith-based organizations. Short-term missions engage volunteer health care workers who operate for short periods mostly in deprived communities. Their activities are often sporadic, irregular and difficult to follow up. They are also limited by availability of dental supplies, quality of volunteers and political considerations.¹ Nevertheless the basic epidemiological information gathered can aid in the planning effective and efficient primary oral health care services which are urgently required in Nigeria,^{2,3} hence the need to conduct this survey.

Subjects attending a one-week free health care project were seen in local dental clinic. Examination was conducted according to World Health Organization criteria⁴ using dental materials, sterilizing solution (Cidex(R)¹ and personal protective equipment (PPE) provided by Pro- Health International. A structured self-administered questionnaire was filled by participants and consent was implied. Data gathered was analyzed at University of Benin Computer Center using SPSS 10.0.

Seventy-eight subjects were seen with a mean age of 33±15.6 years. Age range was 6-75 years (Table 1). Fifty of the patients (64%) were females. The age group 16-30 years (37.2%) accounted for the highest proportion of the clinic attendees. The total mean Decayed, Missing and filled teeth (DMFT) was 3.3± 4.1. Only 28% were caries- free (Figure 1). Females had a higher DMFT (3.7 ± 4.4) than males DMFT (2.6 ± 3.4) The percentages of healthy gum, bleeding on probing, calculus, shallow and deep pockets of 9.0%, 3.8%, 35.9%, 37.2% and 14.1% respectively. Well water (87%) accounted for the major source of drinking water. Only about 18% had knowledge of dental caries, 10% of periodontal disease while nearly 30% claimed a previous dental visit/ contact with dental personnel.

Age (years)	Previous visit to dentist		Total (%)
	Yes (%)	No (%)	
6 -15	3 (3.8)	10 (12.8)	11 (14.1)
16 – 30	8 (10.3)	21 (26.9)	29 (37.2)
31 – 45	9 (11.5)	15 (19.2)	24 (30.8)
46 – 60	3 (3.8)	6 (7.7)	9 (11.5)
61 – 75	-	5 (6.4)	5 (6.4)
Total	23 (29.5)	55 (70.5)	78 (100)
P = .562			

Table 1. Previous Dental Visit by Age Distribution

Figure 1. Pattern of periodontal diseases among subjects



The results indicate poor oral health of the participants and reflect not only the increased disease burden in those who seek free dental care offered by short-term mission services but also lack of access to primary oral health care, an integral component of Primary Health Care (PHC).⁵ The use of untreated well water underscores the need for its fluoride analysis.

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