

Journal of Advances in Medicine and Medical Research

24(7): 1-6, 2017; Article no.JAMMR.37739 ISSN: 2456-8899 (Past name: British Journal of Medicine and Medical Research, Past ISSN: 2231-0614, NLM ID: 101570965)

Reasons for Permanent Teeth Extraction in Al-Madinah Al- Munawarah

Hadeel M. AI Ameer¹ and Sally Awad^{2,3*}

¹College of Dentistry, Taibah University, Al-Madinah, Saudi Arabia. ²Department of Oral and Maxillofacial Surgery, College of Dentistry, Taibah University, Al-Madinah, Saudi Arabia. ³Department of Oral and Maxillofacial Surgery, College of Dentistry, Mansoura University, Egypt.

Authors' contributions

This work was carried out in collaboration between both authors. Author HMAA designed the study, performed the statistical analysis. Author SA wrote the protocol, wrote the first draft of the manuscript, managed the literature searches and the analyses of the study. Both authors read and approved the final manuscript.

Article Information

DOI: 10.9734/JAMMR/2017/37739 <u>Editor(s):</u> (1) Joao Paulo Schwartz, Department of Orthodontics, Universidade Estadual Paulista (UNESP-FOAr), Brazil. <u>Reviewers:</u> (1) Karpal Singh Sohal, Muhimbili University of Health and Allied Sciences, Tanzania. (2) Ibrahim Hakan Bucak, Adiyaman University School of Medicine, Turkey. Complete Peer review History: <u>http://www.sciencedomain.org/review-history/21901</u>

Original Research Article

Received 26th October 2017 Accepted 10th November 2017 Published 14th November 2017

ABSTRACT

Aim: The purpose of this study was to determine the reasons for extraction of permanent teeth in Al-Madinah Al- Munawarah.

Methods: A questionnaire was distributed to 180 dental students and dentists at Taibah university dental clinic to record the patient's information, the extracted tooth number, and the reason for extraction. Collected data were analyzed using Statistical Package for Social Sciences software (SPSS) and Chi-square test was used to compare between different variables.

Results: Caries and its sequelae were the primary cause of extraction in all age groups (from 10to > 60). The highest percentage of extraction due to caries and its sequelae was in (30-39) age group, whereas lowest percentage were in age groups (10-19) and (> 60 years). The number of extractions in females was higher than males in all groups except in-group of patients above 60 years. First molars were the most extracted teeth in both arches. **Conclusion:** Advanced caries was the main cause of extraction in all age groups, while periodontal diseases followed by prosthetic reasons were the most common causes in patients above 40 years old.

Keywords: Tooth extraction; advanced caries; periodontal disease; Saudi Arabia.

1. INTRODUCTION

Teeth loss has a serious impact on an individuals' quality of life since it affects esthetics, speech and mastication. Collecting data about tooth loss in different countries worldwide is crucial for evaluating the dental status and measuring the adequacy of dental care in the community [1]. Several studies worldwide have been carried out to determine the reasons for tooth extraction and dental caries has been reported to be the most common reason [2-12].

Studies in Germany, Canada, and Jordan have reported periodontal disease as the most common cause of extraction, [13,14,15] while in Italy and Singapore [16,17] studies showed nearly the same percentages of caries and periodontal diseases.

In Kingdom of Saudi Arabia, limited number of epidemiological studies was carried out to investigate the reasons for teeth extraction in Jeddah [18], Riyadh [19], Jazan [20] and in other regions [21]. Up to date, similar studies are not available in Al-Madinah. Therefore, the present study aims at determining the reasons for permanent teeth extraction in relation to age and gender in Al-Madinah Al Munawarah, Saudi Arabia.

2. MATERIALS AND METHODS

This was an observational descriptive study that was conducted in the clinics of Taibah University (TU), College of Dentistry, Al-Madinah Al-Saudi Arabia. The Munawarah, Taibah University, College of Dentistry Research Ethics Committee, approved it by number (TUCDREC/20160204). No informed consent was needed because the patient's data were completely anonymous and there was no intervention. A questionnaire that was used explained the purpose of the study and included a list of reasons for extractions. It was distributed to a total of 180 dental students and dentists in the university dental clinics to be filled, in the period between February to April 2016. The dentists were asked to record the patient's age, gender, nationality, tooth type, and the reason for

extraction. If multiple extractions were done in the same patient, the dentist recorded the teeth numbers and the reason for extraction of each tooth.

The dentists chose the reason from the following list;

- 1. Dental caries, caries or its sequelae including root remnants, failed endodontics, fractured tooth due to caries or endodontics.
- 2. Periodontal disease; mobility.
- 3. Combination of caries / periodontal disease.
- 4. Trauma
- 5. Orthodontics
- 6. Prosthetics.
- 7. Eruption problems including (impactions)
- 8. Other reasons for extraction.

The above list of possible reasons was modified from those used in earlier studies. [16,19,20] the inclusion criteria were patients from both genders, above the age of 10 years. The reasons recorded by the dentists were cross-tabulated to the age, gender, and each tooth type in the upper and lower arches. Data were coded and analyzed descriptively using Statistical Package for Social Sciences software ((SPSS-20, Chicago, IL, USA), and Chi-square test was used to compare between different variables.

3. RESULTS

The total number of extracted teeth and percentages in male subjects were 673 (42.3%), and females 916 (57.6%). The number of extracted teeth in female patients was higher than in the male patients in all age groups except in male patients over 60 years as shown in (Table 1).

Table 2 showed that caries and its sequelae (root remnants, fractured crowns, and failed endodontics) were the primary cause of extraction in all age groups, representing (63.4%), followed by periodontal diseases, the percentage of patients who underwent extraction for periodontal disease was predominant in age groups over 40 years (14.6%). Prosthetic

reasons showed (9%), Combination of caries and periodontal diseases (5.8%), eruption problems (mostly impaction) accounting for (5.1%), orthodontic reasons (1.3%), and trauma was the least frequent cause of extraction showed (0.2%).

Caries and its sequelae were the main cause of extraction in both genders. The differences between male and female were (P<0.001). In female patients, the percentage of caries extractions were (39.5%), while in male patients, the percentage was (23.9%). More teeth were extracted because of periodontal diseases in males (11.4%) than in females (3.2%).followed by prosthetic reasons that were (6.3%) in

females, and (2.6%) in males as illustrated in (Fig. 1)

Table 1	. Number	and	percentage	e of e	extracted
teeth i	n relation	to Pa	atient's age	and	gender

Male	Female	Total	%
21	54	75	4.7
82	212	294	18.5
138	178	316	19.9
128	193	321	20.2
149	179	328	20.6
155	100	255	16.0
673	916	1589	100
	Male 21 82 138 128 149 155 673	MaleFemale215482212138178128193149179155100673916	MaleFemaleTotal215475822122941381783161281933211491793281551002556739161589

Notes: $\chi^{-} = 69.294$, Degrees of freedom = 5, P< 0.001

Table 2. Reasons for extraction in relation to patient's age

Age groups	10-19	20-29	30-39	40-49	50-59	> 60 Yr.*	Total	%
Reasons								
Root remnants	17	84	151	88	118	98	556	34.9
Caries	36	98	90	92	52	42	410	25.6
Combination**	1	31	21	21	14	5	93	5.8
Failed endodontics	1	11	9	8	5	9	43	2.7
Periodontal diseases	0	6	12	55	98	62	233	14.7
Prosthetic reasons	1	11	8	45	39	39	143	9.0
Orthodontic reasons	13	8	0	0	0	0	21	1.3
Eruption problems	6	41	22	11	1	0	81	5.1
Trauma	0	2	0	1	0	0	3	0.2
Others	0	3	3	0	0	0	6	0.4
Total	75	295	316	321	327	255	1589	100

*Years; **Combination of caries and periodontal diseases; $\chi^2 = 5.65$; Degrees of freedom =70; P<0.001





Table 3a showed the most frequently extracted tooth in the upper arch, that was first molar in both sides accounting for (22.2%), and caries was the main reason for their extractions. Followed by second molars and second premolars with the same ratio (15%), and centrals represented the least extracted teeth in the upper arch (5.5%).

In the lower arch, similarly first molars were the most frequently extracted teeth showed (24.9%) and mainly extracted due to caries. Followed by second molars (16%), and centrals represented the least extracted teeth with (4.9%) as shown in (Table 3b).

4. DISCUSSION

Causes of teeth loss are affected by cultural differences between countries e.g. dietary habits, even in different regions within the same country. In Saudi Arabia, there are limited numbers of

epidemiological studies that report on causes of teeth extractions.

The results of the present study demonstrated the reasons for extractions in Al Madinah. The process of dental caries and its sequelae were the prime reason for extraction accounting for 63.4%, similar to the finding of several other studies from Saudi Arabia [19,20,21] and other parts of the world [2,4,5-12,22,23,24]. The number of extractions due to caries in females were higher than in males (39.5% vs. 23.9%), a finding that was in agreement with Alesia and Khalil [19] and with Thomas and Al-Magdassy [24]. The higher percentage of extractions in females may be because they are more caring for managing dental problems compared with males. Our finding was different from Aida et al., [22] who reported a higher percentage of extractions because of caries in males, and from McCaul et al. [23] who showed (60.6% in males vs. 48.1% in females).

Table 3a. Distribution of extracted teeth in upper arch according to tooth type& most common reasons for extraction

Tooth	Central	Lateral	Canine	P1 ^a	P2⁵	1 st Molar	2 ^{na} Molar	3 ^{rα} Molar	Total
Reason									
Caries ^c	20	36	38	79	90	146	80	44	533
Combination	4	9	4	4	1	6	9	5	42
Periodontal	10	12	10	8	12	10	20	6	88
diseases									
Eruption problems	0	0	5	0	0	1	0	20	26
Prosthetic reasons	9	6	13	10	12	8	8	2	68
Orthodontic reasons	0	0	0	10	2	0	0	0	12
Total	43	63	70	111	117	171	117	77	769

First premolar; ^b Second premolar; ^c Caries and its sequelae; p< 0.001

Table 3b. Distribution of extracted teeth in lower arch according to tooth type& most common reasons for the extraction

Central	Lateral	Canine	P1 ^a	P2⁵	1 st Molar	2 nd Molar	3 rd Molar	Total
11	21	26	54	68	155	92	49	476
0	1	2	7	8	13	13	7	51
21	28	17	11	11	21	21	15	145
1	0	0	0	0	0	0	54	55
7	11	13	16	8	13	5	2	75
0	0	0	9	0	0	0	0	9
40	61	58	97	95	202	131	127	811
	Central 11 0 21 1 7 0 40	Central Lateral 11 21 0 1 21 28 1 0 7 11 0 0 40 61	Central Lateral Canine 11 21 26 0 1 2 21 28 17 1 0 0 7 11 13 0 0 0 40 61 58	Central Lateral Canine P1 ^a 11 21 26 54 0 1 2 7 21 28 17 11 1 0 0 0 7 11 13 16 0 0 0 9 40 61 58 97	Central Lateral Canine P1 ^a P2 ^b 11 21 26 54 68 0 1 2 7 8 21 28 17 11 11 1 0 0 0 0 7 11 13 16 8 0 0 0 9 0 40 61 58 97 95	Central Lateral Canine P1 ^a P2 ^b 1 st Molar 11 21 26 54 68 155 0 1 2 7 8 13 21 28 17 11 11 21 1 0 0 0 0 0 7 11 13 16 8 13 0 0 0 9 0 0 40 61 58 97 95 202	CentralLateralCanineP1aP2b 1^{st} 2^{nd} 1121265468155920127813132128171111212110000007111316813500090004061589795202131	Central Lateral Canine P1 ^a P2 ^b 1 st Molar 2 nd Molar 3 rd Molar 11 21 26 54 68 155 92 49 0 1 2 7 8 13 13 7 21 28 17 11 11 21 21 15 1 0 0 0 0 0 54 54 7 11 13 16 8 13 5 2 0 0 9 0 0 0 0 0 40 61 58 97 95 202 131 127

4

In the current study, periodontal diseases were the second reason for extraction representing 14.6% in accordance with many studies, [23,25, 26] and in contrast with other studies in Germany, [13] Canada [14] and Jordan [15]. The percentage of teeth loss due to periodontal diseases were higher in males than in females (11.3%vs.3.2%) and this result was in conformity with Thomas and Al-Maqdassy [24] who found that periodontitis was more predominant in male than in female patients (43.1% vs.16.8%).

Our results showed that caries was the primary reason for extraction in all age groups included in the study, the same as the findings of many studies. [11,22,23] while periodontal diseases starts in patients over 40 years, similar to a study by Reich and Hiller, [13] and by Aida et al. [22].

First molar was the most frequently extracted tooth in both the upper and lower arch; it was extracted mainly because of caries, this finding was similar to the finding of many studies [8,27,28,29]. First molar tooth is the first permanent tooth to erupt in the oral cavity and this may be the cause of its early exposure to carious attack more than other molars.

5. CONCLUSIONS

Advanced caries and orthodontic reasons were the most common reasons for extraction in young age patients < 20 years. Advanced caries, impaction, and prosthetic reasons were the most common causes in middle age patients (20-40) years, while advanced caries, periodontal diseases, followed by prosthetic reasons were the most common in elder patients over 40 years.

Therefore, implementation of efficient educational programs on caries prevention are compulsory starting from elementary schools to increase the level of awareness among young populations and decrease the percentage of teeth loss because of caries in Al-Madinah Al-Munawarah.

CONSENT

It is not applicable.

ETHICAL APPROVAL

As per international standard or university standard, written approval of Ethics committee

has been collected and preserved by the authors.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

- 1. Al-Ansari AA. Prevalence, severity, and secular trends of dental caries among various Saudi populations: A literature review. SJMMS. 2014;2:142-9.
- Trovik TA, Klock KS, Haugejorden O. Trends in reasons for tooth extractions in Norway from 1968 to 1998. Acta Odontol Scand. 2000;58:89-96.
- Agerholm D. Reasons for extraction by dental practitioners in England and Wales: A comparison with 1986 and variations between regions. J Dent. 2001;29:237-41.
- Morita M, Kimura T, Kanegae M, Ishikawa A, Watanabe T. Reasons for extraction of permanent teeth in Japan. Community Dent Oral Epidemiol. 1994;22:303-6.
- Jovino-Silveira RC, Caldas AF Jr., de Souza EH, Gusmão ES. Primary reason for tooth extraction in a Brazilian adult population. Oral Health Prev Dent. 2005;3: 151–157.
- Caldas AF Jr. Reasons for tooth extraction in a Brazilian population. Int Dent J. 2000; 50(5):267–273.
- Richards W, Ameen J, Coll AM, Higgs G. Reasons for tooth extraction in four general dental practices in South Wales. Br Dent J. 2005;198(5):275–278.
- Agerholm DM, Sidi AD. Reasons given for extraction of permanent teeth by general dental practitioners in England and Wales. Br Dent J. 1988;164:345–348.
- 9. Al-Shammari KF, Al-Ansari JM, Al-Melh MA, Al-Khabbaz AK. Reasons for tooth extraction in Kuwait. Med Princ Pract. 2006;15:417–422.
- Chestnutt IG, Binnie VI, Taylor MM. Reason for tooth extraction in Scotland. J Dent. 2000;28:295–297.
- Corbet EF, Davies WI. Reasons given for tooth extraction in Hong Kong. Community Dent Health. 1991;8:121–130.
- 12. Da'ameh D. Reasons for permanent tooth extraction in the North of Afghanistan. J Dent. 2006;34:48–51.
- 13. Reich E, Hiller KA. Reasons for tooth extraction in the western states of

Germany. Community Dent Oral Epidemiol. 1993;21:379-83.

- Murray H, Locker D, Kay EJ. Patterns of and reasons for tooth extractions in general dental practice in Ontario, Canada. Community Dent Oral Epidemiol. 1996;24: 196-200.
- Haddad I, Haddadin K, Jebrin S, Maani M, Yassin O. Reasons for extraction of permanent teeth in Jordan. Int Dent J. 1999;49:343-6.
- Angelillo IF, Nobile CG, Pavia M. Survey of reasons for extraction of permanent teeth in Italy. Community Dent Oral Epidemiol 1996;24:336-40.
- Ong G, Yeo JF, Bhole S. A survey of reasons for extraction of permanent teeth in Singapore. Community Dent Oral Epidemiol. 1996;24:124-7.
- Jamila MA. Farsi JR. Common causes of extraction of teeth in Saudi Arabia. The Saudi Dental Journal. 1992;4(3):101-105.
- 19. Alesia K, Khalil HS. Reasons for and patterns relating to the extraction of permanent teeth in a subset of Saudi population. Clin Cosmet Investig Dent. 2013;5:51–56.
- Yahya I, Hussain H, Hussain M, Siddig I, Nezar M, Nazim H, Hamed A, Mohammed M. Reasons for permanent teeth extraction in Jazan region of Saudi Arabia. Journal of Dental and Medical Sciences. 2015;14:86-89.
- 21. Al-Zahrani MS. Reasons for tooth extraction at three private dental clinics in

Saudi Arabia. Egypt Dent J. 2009;55:21-23.

- Aida J, Ando Y, Akhter R, Aoyama H, Masui M, Morita M. Reasons for permanent tooth extractions in Japan. J Epidemiol. 2006;16:214–219.
- 23. McCaul LK, Jenkins W, MM, Kay EJ. The reasons for extraction of permanent teeth in Scotland: A 15-year follow-up study. British Dental Journal. 2001;190:12.
- 24. Thomas S, Al-Maqdassy SE. Causes and pattern of tooth mortality among adult patients in a teaching dental hospital. Ibnosina J Med BS. 2010;2:160–167.
- Spalj S, Plancak D, Juric H, Pavelic B, Bosnjak A. Reasons for extraction of permanent teeth in urban and rural populations of Croatia. Coll Antropol. 2004; 28(2):833–839.
- Lesolang RR, Motloba DP, Lalloo R. Patterns and reasons for tooth extraction at the Winterveldt Clinic: 1998–2002. SADJ. 2009;64(5):214–215.
- Ainamo J, Sarkki L, Kuhalampi ML, Palolampi L, Phrto O. The frequency of periodontal extractions in Finland. Community Dent Health. 1984;1:165-172.
- Cahen PM, Frank RM and Turlot JC. A survey of the reasons for dental extraction in France. J Dent Res. 1985;64:1087-1093.
- 29. Kay EJ, Blinkhorn AS. The reasons underlying the extraction of teeth in Scotland. Br Dent J. 1986;160:287-290.

© 2017 Al Ameer and Awad; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history: The peer review history for this paper can be accessed here: http://sciencedomain.org/review-history/21901