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Abstracts

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Sealing of Occlusal Dental Caries Lesions in Primary Molars: A 12-Month Follow-Up RCT

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The aim of this RCT was to evaluate the efficacy of caries sealing (CS) in occlusal surfaces of primary molars compared to restoration (R) after selective caries removal. Thirty-two children aged 3 to 9 years old (5.8 ± 1.4 years) with high caries experience (mean dmft = 8 ± 3.2) were included and 59 primary molars with dentinal lesions were selected and randomly divided into two groups (CS and R): lesions included in the CS group were sealed with light-cured glass ionomer cement (GC Fuji II LC capsule, GC Corporation – Tokyo, Japan) and in the R group were restored with the same material after selective caries removal technique. Clinical evaluation was performed based on modified USPHS criteria. Kaplan-Meier survival analysis was used to estimate the longevity of restorations and multivariate Cox regression with shared frailty was used to assess risk factors (treatment, age, gender, dmft, teeth, location and lesion depth and extent). A total of 27 CS and 32 R treatments were analyzed. The 12-month overall survival rate reached 51.08%. In the CS group the survival rate was 36.35% and in the R group 61.16% ($p < 0.001$). Patients in the CS group had more failures ($p = 0.02$) than those in the R group (hazard ratio 0.20, 95% CI: 0.04; 0.85). In conclusion, sealing caries-affected dentin using light-cured glass ionomer was more prone to failure compared to restorative treatment after selective caries removal in high caries experience children within 1 year.

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Changes in Adolescent's Oral Health Status: Responsiveness of The Child Perception Questionnaire 11–14

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Responsiveness refers to the sensitivity of an instrument to detect minimal but important clinical changes. This study assessed the responsiveness of the Child Perception Questionnaire (CPQ 11–14) to detect changes in oral-health-related quality of life

(OHRQoL) and oral health status of adolescents enrolled in a treatment program. The hypothesis tested was that improvement in OHRQoL would be observed after 1 year. The study was a controlled clinical trial with pre-test/post-test design. A total of 618 10–15 year olds were enrolled at baseline and 560 after 1 year. The test-retest of the CPQ 11–14 in 5% of the sample had interclass correlation values of 0.63 and 0.70. Reliability of the clinical and radiographic assessments of dental status showed kappa values between 0.79–0.91. At the baseline examination 374 adolescents needed only non-operative treatment (control group) whereas 274 needed non-operative and operative treatments (test group). After 1 year the adolescents were regrouped according their treatment needs fulfilled in Group 1 ($n = 363$, control group) received non-operative treatment; Group 2 ($n = 98$) received both non- and operative treatments; Group 3 ($n = 99$) only received non-operative treatment but needed also operative treatment. The CPQ 11–14 total and subscale mean change scores by the global transition judgment indicated overall improvement of OHRQoL. There were significant differences of the total ($p < 0.001$, ANOVA) and subscale ($p < 0.005$) mean changes scores within all five categories of global transition judgment. The hypothesis tested was accepted. The effect of the program for the treatment groups was significant ($p = 0.049$, ANCOVA). Group 3 had the smallest improvement, significantly smaller than Group 1 ($p = 0.014$). In conclusion the CPQ 11–14 was sensitive enough to detect changes in OHRQoL and oral health status of adolescents after 1 year treatment. This finding supports the use of OHRQoL instrument to measure treatment program outcome.

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Can Saliva Secretion Affect Oral Malodour and Oral Health-Related Quality of Life?

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The aim of this study was to investigate the relationship between saliva secretion, halitosis and oral health-related quality of life (HRQoL). Informed consent was obtained from 65 participants including 24 patients with primary Sjögren's Syndrome (pSS, 53 ± 12 y), 17 patients with dry eyes and dry mouth not fulfilling the classification for pSS (non-SS-sicca, 53 ± 11 y), and 24 healthy controls (49 ± 11 y). Unstimulated (UWS) and stimulated (SWS) whole saliva secretion rates were recorded as low (hyposalivation: SWS < 0.7 ml/min, UWS < 0.1 ml/min) or normal (SWS > 0.7 ml/min, UWS > 0.1 ml/min). Volatile sulfur compounds (VSC: hydrogen sulphide- H_2S , methylmercaptan- CH_3SH) in mouth air were measured by gas chromatography. HRQoL was assessed using the Oral Health Impact Profile-14 (OHIP-14). Mann-