

Knowledge and Awareness about Wisdom Tooth among Preclinical Dental Students

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Abstract

Aim: To evaluate knowledge and awareness about wisdom tooth among preclinical dental students.

Materials & Methods: A cross-sectional study was conducted on a group of 200 dental students of first and second year of Vivekanandha dental college, Tamilnadu, for past two years was carried out with the help of 15 questionnaire.

Results: Knowledge and awareness about wisdom tooth among preclinical dental students was about 75%

Conclusion: Though knowledge and awareness is present among pre-clinical students, it should be enhanced for better clinical services in future.

Keywords: Wisdom tooth, preclinical students, awareness.

Introduction

Third molars commonly known as wisdom tooth, appears at an age of 18-25 years, which is presumably a age where

people act wiser than as a child when the other teeth erupts. Third molars are the posterior most tooth of each quadrant and are the most common tooth to be impacted.

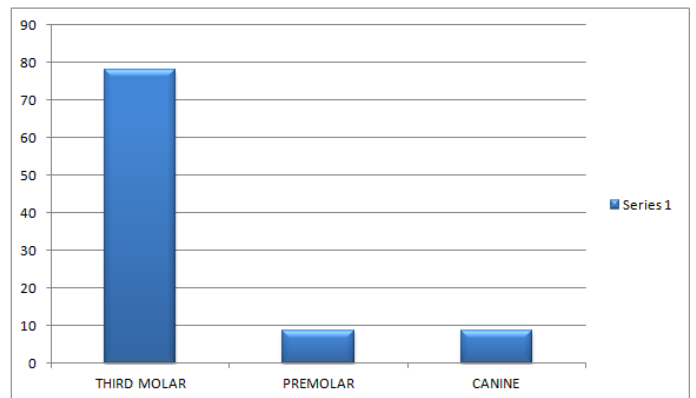
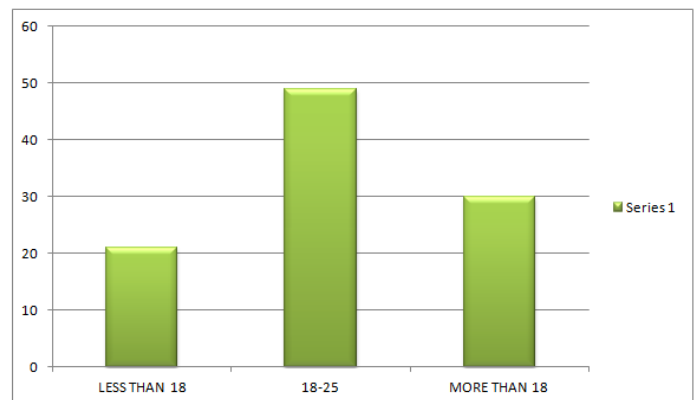
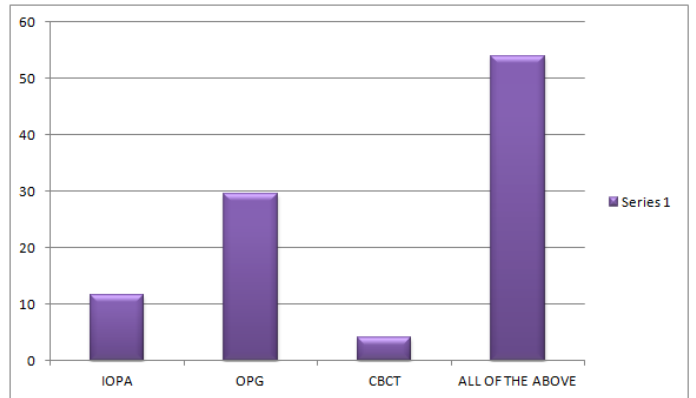
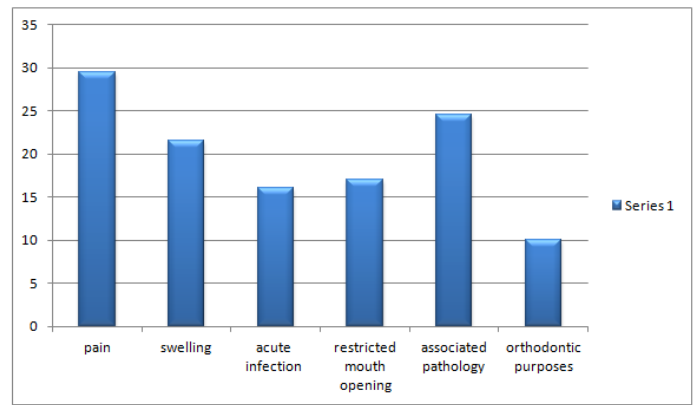
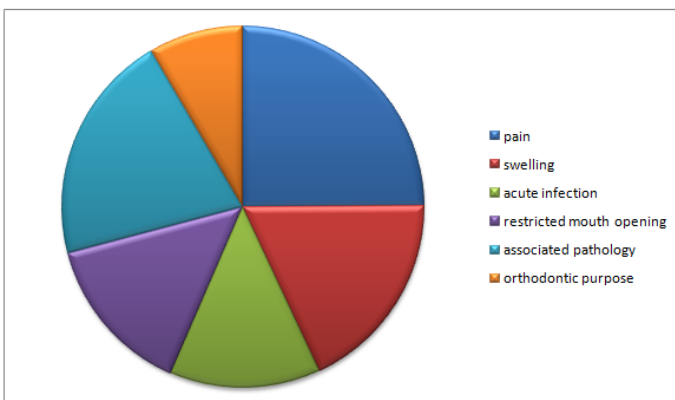
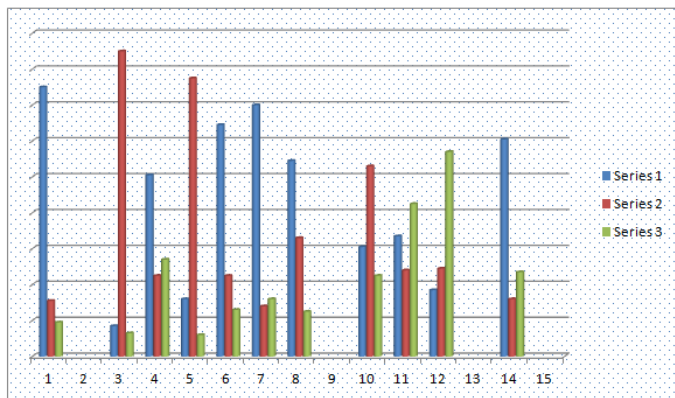
A tooth prevented from erupting into the oral cavity is called the impacted tooth. This can be caused by a physical barrier, such as other tooth, bone or when the tooth is angled away from a vertical position.⁽¹⁾ In case of unerupted third molars, cysts or neoplasms may be developed occasionally on such case of pathologies it is advisable to remove the tooth⁽²⁾. The tissues overlying the tooth is called operculum whose inflammation due to food lodgement, impingement of opposing cusp and bacterial penetration known as pericoronitis is most often encountered during eruption of 3rd molars⁽³⁾. After eruption, since the tooth is placed in the distal most region hygiene maintenance is quiet hard causing food lodgement, dental carries formation often leading to evacuation of the tooth.

The dental health professionals acts a key part in oral health education of the society, thus it is prim to evaluate the knowledge and awareness of the future dentist.

Materials and Methods

This is across sectional study which was conducted on the preclinical students i.e the 1st and 2nd year dental students of Vivekananda dental college, Tamilnadu. All the 200 students were interested in taking up the study of which 100 were 1st year students and 100 were 2nd year students. Informed consent were taken from the students. The questionnaire to evaluate the knowledge and awareness of the preclinical students consisted a total of 15 questions. The pattern of the questionnaire was multiple choice, of which only one should be picked. Queries about meaning of any word or question were solved by the study committee.

Statistical Analysis



Results

Discussion

Oral cavity is the index of our overall health. Since oral cavity is a minor area, proper awareness among people is not present. The impact of oral hygiene on systemic health is tremendous. Commonly faced impairments of oral cavity and defective oral hygiene are dental caries, plaque and calculus accumulation, malocclusion, fluorosis, calcification defects etc., systemic disorders can mostly be identified from their oral manifestations. Oral lesions may be the primary manifestation of HIV, sometimes aphthous ulcers may denote coeliac disease or crohn's disease, blood disorders might be hinted from pale and bleeding gums⁽⁷⁾.

The aim of the study was to evaluate the understanding of the preclinical dental students about the wisdom tooth by means of questionnaire based study. In the discourse we were able to intuit where the study group students were lagging in their awareness.

Wisdom tooth, clinically known as 3rd molars are the posterior most teeth of a quadrant. Its eruption occurs at the age of 18-25 years. It is the most commonly impacted tooth. Often third molars does not come in to the plane of occlusion due to partial eruption, mesio-angular line of eruption, disto-angular line of eruption, etc., In these cases eruption process is very painful and in some cases it may cause infections or abscess formations. Mandibular third molar impactions may rarely lead to mandibular angle fracture. Even after eruption it is very difficult to maintain hygiene and causes food lodgement, dental caries, periodontal infections which on neglecting leads to grossly decayed tooth or root stumps thus concluding in extraction.

This questionnaire based study on 200 preclinical dental students gave us the understanding that 75% of the students were aware of impacted or unerupted teeth where

in the remaining were not aware. On enquiring about the eruption period, 49% of the students were right as they marked 18- 25 years where in 30% marked more than 25 years and 21% marked less than 18 years. 8.5% of students thought wisdom tooth always enters occlusion, 85% thought they don't and 6.5% of the students were not sure about the topic. 50.5% of students said the name wisdom tooth was appropriate and the rest said it was not. Wisdom tooth was erupted in 16% of the students and it was not erupted in 77%. 64.5% of the students thought that eruption of wisdom tooth was complicated while 22.5% thought it was not but 13% of students had no idea towards it. On asking whether pain is felt during eruption of third molars 70% said yes, 14% said no and 16% did not know about it. 54.5% of students were familiar with the term impaction and the rest were not familiar with the term. 78% of the students suggested third molars, 8.5% said premolars and 8.5% said canines to be the most commonly impacted tooth. Familiarity of the technique of removal of impaction among the study group was present in 30.5% and absent in the rest. 33.5% of students thought the removal of symptomatic impacted teeth is necessary and the thoughts of remaining students were negative. Prophylactic removal of wisdom teeth was supported by 18.5% and contraindicated by 24.5%. Most effective diagnostic tool for impacted tooth according to 11.5% of students was IOPA, 29.5% was OPG, 4% was CBCT and 54% told all three would be effective. 60.5% feared risk during removal of impacted third molar. Removal of wisdom tooth is to be advised according to 29.5% during pain, 21.5% during swelling, 16% during acute infection, 17% in case of restricted mouth opening, 24.5% in case of associated pathology and 10% pertaining orthodontic purposes.

Dental professionals and students are the ones to administer awareness to the society, it is necessary that

they are well versed with their part. Previous studies states that oral health education as a topic should be incorporated in the primary and secondary school syllabus to improve oral health behaviour.^(9,10) Taheri A et al suggested that further attention should be paid to oral health education in the first years of training.⁽¹¹⁾

Conclusion

Health and wellbeing of community depends on the health professional of that community. So, knowledge and awareness among dental students, who are future health care professional should be improved. Hence we propose that oral health awareness should be included in the primary and secondary school curriculum.

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