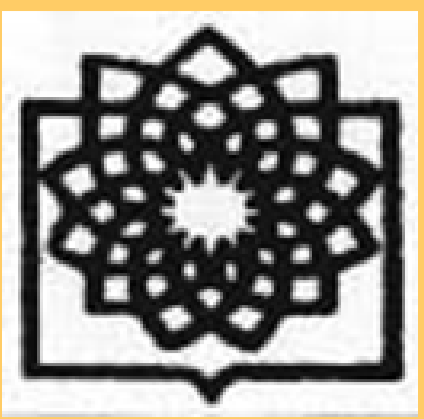


Oral Health Status and Oral Health Related Quality of Life in Iranian Haemophilia Paediatric Patients



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Multidisciplinary team approach. Historical Cohort

Ref: 1740

Introduction

Haemophilia patients constitute a minor but important part of the population. In spite of other aspects of health, oral health of Haemophilia patients is still poorly understood.

Objectives

The aim of present study was to investigate the oral health status as well as Oral Health Related Quality of Life (OHR-QoL) among young haemophilia patients in compare to healthy individuals.

Methods

In this historical cohort study forty-seven children with severe hemophilia (including Factor VIII, IX, as well as XI, XII, XIII) aged 2 to 15 years that were recruited from Haemophilia center and their age and gender matched healthy controls who were referred for routine checkups to Mofid children's hospital were participated. In order to evaluate oral health status DMFS-dmfs scores, Simplified Oral Hygiene Index (S-OHI), Dental anomalies, Hypoplasia of first permanent molars, TMJ dysfunction, and occlusion were investigated clinically under the standard condition in dental clinic(1). History of oral bleeding was asked during an interview with parents. Oral Health Related Quality of Life(OHR-QoL) was assessed by Persian version of ECOHIS, CPQ and OIDP questionnaires .(2-5)

Fig 1. Distribution of DMFS Score

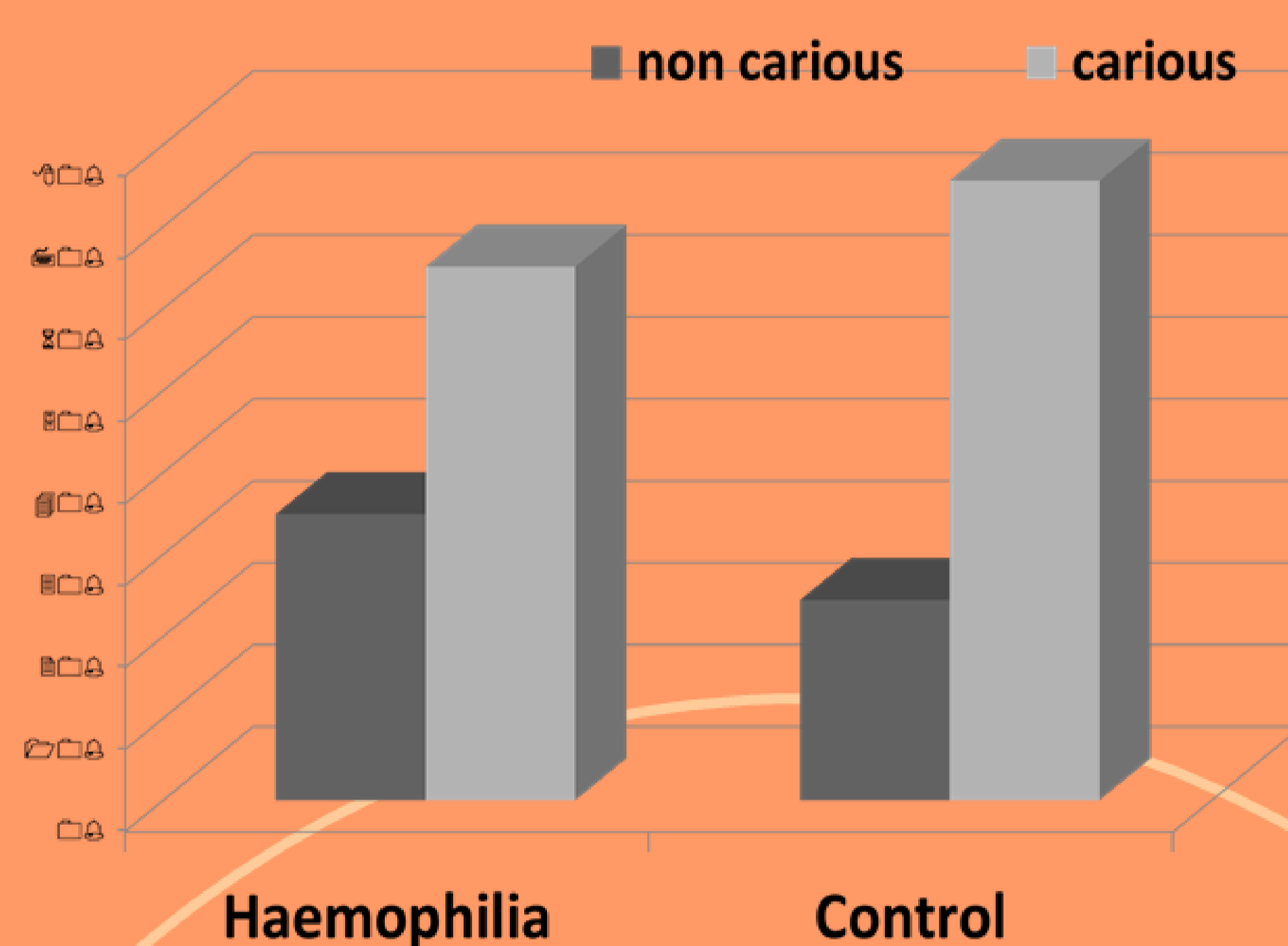
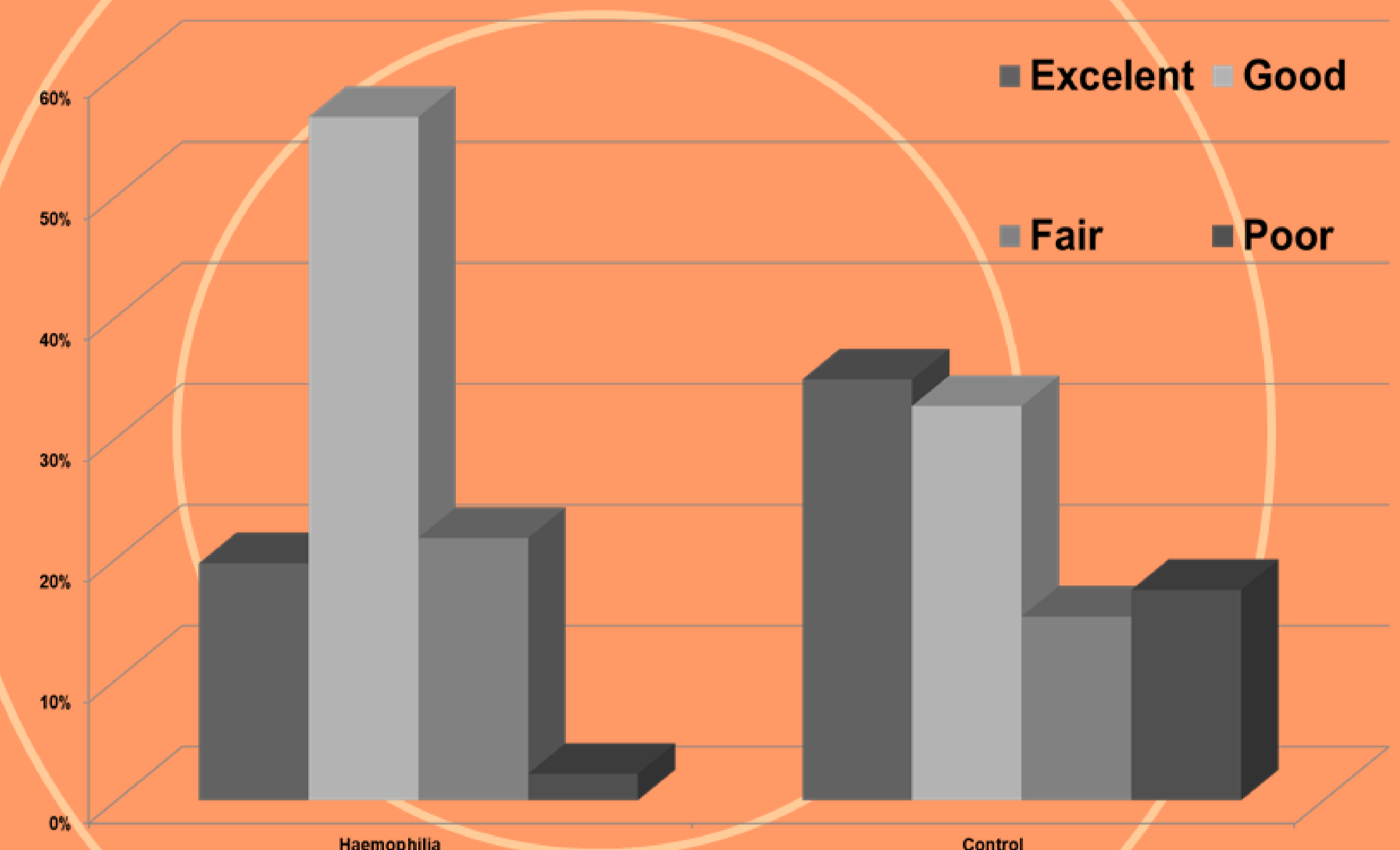


Fig 2. Distribution of Oral Hygiene Index



Results

Significantly greater number of hemophiliacs were caries free in primary dentition compared controls: 18 (38.3%) versus 11 (23.4%), ($p=0.03$, $t=-2.17$). The resultant score for permanent teeth was not significant. In regard to TMJ dysfunction, Clicking was detected in both groups without significant difference. Anomalies of shape, size or color of teeth were not found according to clinical examinations. In regard to Occlusion the dominant occlusal relationship was class I (51.4% and 48.6%), followed by class II and III. Overall quality of life and its domains were not significantly different between hemophiliacs and controls. ($\chi^2=3.11$, $P=0.37$) According to regression analysis the OHR-QoL was significantly related to oral bleeding in haemophiliacs and dmfs in controls. History of oral bleeding was present in 55% of haemophiliacs.

Conclusions

According to results of this study we found young hemophilic patients were more caries free, and with less decayed teeth in compare to controls in primary dentition. Dental situation of older haemophiliacs (11-15 years of age) was more similar to controls although much lower DMFS score was found in compare to a previous Iranian study. The only significant variable in regard to OHR-QoL were bleeding in haemophilia and dmfs in healthy individuals.

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