



DENTISTS' KNOWLEDGE ABOUT MANAGEMENT OF TRAUMATIC DENTAL INJURIES IN A PART OF TURKEY: A CROSS-SECTIONAL STUDY

ABSTRACT


Objectives: The aim of the present study was to evaluate the level of knowledge of general dental practitioners (GDPs) and dental specialists (DSs) about the management of Traumatic Dental Injuries (TDIs).

Materials and methods: A total of 199 participants from three cities in Turkey completed the online questionnaires. The first section of the questionnaire consisted of personal information about the dentists, while the second section consisted of multiple-choice questions regarding their knowledge of managing different types of TDIs in children. The data were statistically analyzed using the Chi-square test or Fisher's test and Mann-Whitney U test or Kruskal Wallis test. The level significance was taken as 0.05 in all tests.

Results: The questionnaires were completed by 145 GDPs and 54 DSs. In total, 29.1% of the participants (58) had less than 3 years of experience, 20.6% (41) had between 3 and 6 years of experience, 16.1% (32) had between 7 and 10 years of experience, 14.1% (28) had between 11 and 15 years of experience, 8% (16) had between 16 and 20 years of experience, and 12.1% (24) had more than 20 years of experience in clinical practice. Dentists with fewer years of experience (<10 years) were more knowledgeable than those with more years of experience ($p=0.001$). Moreover, DSs were more knowledgeable than GDPs ($p=0.002$).

Conclusions: Our findings revealed a moderate level of knowledge about TDI management among dental practitioners. These findings highlight the need to improve dentists' knowledge about TDI treatment protocols.

Keywords: Attitudes, dental trauma, dentists, emergency, knowledge.

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Received : 12.11.2020

Accepted : 12.01.2021

INTRODUCTION

Traumatic dental injuries (TDIs) are recognized as a serious and significant public health problem. In particular, their frequency and associated economic burden could affect the patients' quality of life.^{1,2} Dental injuries could range from simple crown fractures to avulsion. A few important interventions after dental injuries (especially in patients with complicated crown fractures and avulsion) can significantly affect the prognosis.³ In patients with TDIs, the prognosis could vary depending on the period elapsed, type of trauma, degree of mobility or luxation of the tooth, fracture location, the state of root development and the age of the patient.⁴

Inadequate treatment planning following TDIs may result in psychological problems, pain and loss of function. In particular, accurate diagnosis and treatment planning are crucial in patients with avulsion injuries.⁵⁻⁷ To minimize complications and enhance treatment outcomes, immediate and appropriate treatment management is often required. Therefore, for the management of TDIs, it is important that the level of knowledge of dental clinicians is sufficient and updated.^{8,9}

The International Association of Dental Traumatology (IADT) is a professional organization whose mission is to promote optimal prevention, diagnosis, treatment, and follow-up services in the field of TDIs through interaction with dental and medical colleagues, the general public, and interested parties in education, sports, industry, public service, and governmental agencies across the globe. The IADT guidelines also offer recommendations for the diagnosis and treatment of specific TDIs and should assist dentists and patients in decision making and in providing the best care effectively and efficiently.¹⁰

Dental literature regarding TDIs reveals a low level of knowledge among dentists across the world regarding protocols for the emergency management of TDIs.^{11,12} Cinar *et al.*¹³ found

limited knowledge among Turkish dentists about the management of TDIs regarding the splinting time for avulsed teeth and the treatment approach for complicated crown fractures. Similarly, a recent study revealed a low level of knowledge about TDIs among dentists in Turkey.¹⁴ Limited studies have assessed the knowledge level of Turkish dentists about TDIs based on their specialization status and experience. The aim of this cross-sectional study was to evaluate the knowledge level of general dental practitioners (GDPs) and dental specialists (DSs) from three cities in Turkey about the emergency management of TDIs.

MATERIAL AND METHODS

Study design and target population

This cross-sectional study was conducted from April to October 2019. The participants were dentists working at university clinics and public and private practice clinics. An online questionnaire was sent to the dentists in Adana, Kahramanmaraş, and Mersin provinces, Turkey, whose contact information was obtained through e-mail or mobile phone. Ethical approval for the study was obtained from the Ethics committee for Non Invasive Researches, Faculty of Medicine, Çukurova University (ID: 86/35).

Data collection

The survey questions were modeled on a previously published study¹³. The questionnaire form was sent to a Turkish language expert in terms of linguistic validity and the form was finalized. A brief explanation of the purpose of the survey was provided on the first page of this questionnaire, and it was emphasized that participation was voluntary and that no individual dentist could be identified. The survey was divided into two sections. The first section consisted of six demographic questions, and the second section consisted of 12 multiple-choice questions (Table 1) regarding the participants' knowledge about emergency management of TDIs. A few participants submitted incompletely filled forms; therefore, they were excluded from the study.

Table 1. Questions regarding the emergency management of TDIs

1.If an intruded primary maxillary anterior tooth has been displaced toward the labial bone plate,	a. the tooth is left for spontaneous repositioning b. the tooth is immediately extracted c. do not know
2.If an immature permanent maxillary tooth has been intruded, the tooth should be...	a. left alone for spontaneous repositioning b. repositioned orthodontically c. repositioned surgically d. extracted immediately e. do not know
3.If a mature permanent maxillary tooth has been extruded, the tooth should be immediately repositioned and stabilised using a...	a. rigid splint for 4 weeks b. rigid splint for 2 weeks c. semi-rigid splint for 2 weeks in conjunction with root canal treatment d. semi-rigid splint for 2 weeks in conjunction with root canal treatment if pulp necrosis has occurred
4.What type of splint should be used for extruded permanent incisors?	a. semi-rigid with nylon wire b. stainless steel wire c. composite resin d. other
5.If a patient with an immature permanent maxillary tooth injury with pinpoint pulp exposure came to the clinic within 3 hours after the trauma, the treatment procedure would be...	a. do not treat but follow up b. pulp capping c. partial pulpotomy d. cervical pulpotomy e. pulpectomy f. do not know
6.If a patient with an immature permanent maxillary tooth injury with large pulp exposure came to the clinic more than 24 hours after the trauma, the treatment procedure would be...	a. do not treat but follow up b. pulp capping c. partial pulpotomy d. cervical pulpotomy e. pulpectomy f. do not know
7.If a patient with a mature permanent maxillary tooth injury with large pulp exposure came to the clinic more than 24 hours after trauma, the treatment procedure would be...	a. do not treat but follow up b. pulp capping c. partial pulpotomy d. cervical pulpotomy e. pulpectomy
8.Which of the following storage media are suitable for the storage of an avulsed tooth?	a. ice b. tap water c. paper tissue d. fresh milk e. patient's mouth
9.If the patient comes to the clinic with in 60 min after trauma, before replantation, the immature avulsed tooth should be...	a. rinsed with tap water b. cleaned with any type of solution c. left unwashed d. kept in doxycycline for 5 min e. scrubbed gently f. kept in fluoride solution for 20 min g. do not know
10.If the patient came to the clinic more than 60 min after trauma, for what period do you indicate the use of a splint for a mature avulsed tooth?	a. no splint b. 2 weeks c. 4 weeks d. 2 months e. 24 hours f. do not know
11.After replantation, do you prescribe antibiotic therapy?	a. yes, tetracycline (>12 years old) b. yes, penicillin c. no
12.Should avulsed primary teeth be replanted?	a. yes b. no

*Correct answers are written in bold.

The first section of the survey was used to determine the socio-demographic and professional profiles of the participants (gender, age, and years of dental practice experience, practice type, and education level). The second section of the survey consisted of questions regarding the emergency management of TDIs. The questions were associated with the following topics concerning TDIs.^{13,15}

- The emergency management of intrusive and extrusive luxation injuries (Q1–Q4)
- The emergency management of complicated crown fractures in immature and mature permanent teeth (Q5–Q7)
- The emergency management of avulsion injuries (Q8–Q12)

The accuracy of the answers was determined on the basis of evidence from the current dental trauma guidelines proposed by the IADT.¹⁶ The knowledge level of the participants was determined using a scoring system (0–12); one point was assigned for one correct answer. The categorization of knowledge levels according to the total scores received by participants was made as follows; 0-4 scores were described as low, 4-8 scores were described as moderate and 8-12 scores were described as high levels of knowledge.

Statistical analysis

After the collection of data, the raw data were entered in statistical Package for the IBM SPSS

Version 23 software (New York, USA). Descriptive statistics were used to summarize the demographic information. Pearson's chi-squared test or Fisher's test was used to identify the correlation among gender, age, practice type, education level, and years of dental practice experience. Mann Whitney U test was used to compare continuous measurements between groups, and Kruskal Wallis test was used for more than two variable comparisons. The level significance was taken as 0.05 in all tests.

RESULTS

Demographic distribution of participants

From a total of 980, 199 (approximately 20.3%) participants answered the survey. Of the total participants, 113 participants (56.8%) were female, and 86 (43.2%) were male. The majority of participants (61.8%) were between 25 and 35 years old. 29.1% had 1-3years experience, 20.6% had between 3-6 years, 16.1% had between 7-10 years, 14.1% had 11-15 years, 8% had between 16-20 years and 12.1% had more than 20 years clinical experience. The distribution of participants according to the institutions they work in showed that 44.7% of participants work in public hospitals and 37.2% work in private practice. The percentage distribution of the participants in terms of their years of experience, age, and gender is summarized in Table 2.

Table 2. Demographic characteristics of participants

	n	%
Age		
<25	34	17.1
25-35	123	61.8
36-45	27	13.6
46<	15	7.5
Gender		
Male	86	43.2
Female	113	56.8
Years of experience		
1-3	58	29.1
3-6	41	20.6
7-10	32	16.1
11-15	28	14.1
16-20	16	8.0
>20	24	12.1

n=sample size, %= percentage.

Of the total 199 participants, 145 were GDPs and 54 were DSs. The majority of participants had no post-graduate degree (72.9%). The specialty areas of DSs were Endodontics (5.5%), Prosthodontics (5.5%), Orthodontics (5%), Pediatric dentistry (4%),

Oral and maxillofacial surgery (3.5%), Periodontics (2%) and Restorative dentistry (1.5%), respectively. The professional characteristics of all participants are shown in Table 3.

Table 3. Professional characteristics of the participants

	n	%
Main practices		
Public	89	44.7
Private	74	37.2
University	30	15.1
not specified	6	3.0
Specialization		
No	145	72.9
Yes	54	27.1
Profession		
General dental practice	145	72.9
Oral and maxillofacial surgery	7	3.5
Pediatric dentistry	8	4.0
Periodontics	4	2.0
Endodontics	11	5.5
Orthodontics	10	5.0
Prosthodontics	11	5.5
Restorative dentistry	3	1.5

n=sample size, %= percentage.

Knowledge of Emergency Management of Traumatic Dental Injuries

Question 2 (treatment about intruded immature permanent teeth) and Question 7 (treatment procedure about a complicated crown fracture in mature teeth) had the highest rate of correct answers (69.8% and 83.4%, respectively). In

contrast, Question 6 (treatment procedure about a complicated crown fracture in immature teeth) and Question 10 (splint time for a mature avulsed tooth) had the lowest rate of correct answers (30.7% and 38.2%, respectively). The percentage distribution of all participants' answers regarding the management of TDI is shown in Table 4.

Table 4. Percentage distribution of all participant's answers about emergency management of the TDI

Questions	n	%
Q.1		
The tooth is immediately extracted	94	47.2
The tooth is left for spontaneous repositioning	94	47.2
Do not know	11	5.5
Q.2		
repositioned surgically	17	8.5
extracted immediately	3	1.5
left alone for spontaneous repositioning	139	69.8
repositioned orthodontically	34	17.1
Do not know	6	3.0
Q.3		
rigid splint for 2 weeks	6	3.0
semi-rigid splint for 2 weeks with root canal treatment if pulp necrosis has occurred	118	59.3
semi-rigid splint for 2 weeks with root canal treatment	62	31.2
rigid splint for 4 weeks	13	6.5
Q.4		
composite resin	42	21.1
semi-rigid with nylon wire	111	55.8

stainless steel wire	37	18.6
other	9	4.5
Q.5		
pulp capping	115	57.8
pulpectomy	12	6.0
cervical pulpotomy	58	29.1
do not treat but follow up	9	4.5
do not know	5	2.5
Q.6		
partial pulpotomy	61	30.7
pulp capping	11	5.5
pulpectomy	68	34.2
cervical pulpotomy	48	24.1
do not treat but follow up	4	2.0
do not know	7	3.5
Q.7		
partial pulpotomy	10	5.0
pulp capping	1	0.5
pulpectomy	166	83.4
cervical pulpotomy	8	4.0
do not treat but follow up	7	3.5
do not know	7	3.5
Q.8		
ice	3	1.5
patient's mouth	72	36.2
paper tissue	1	0.5
fresh milk	123	61.8
Q.9		
kept in fluoride solution for 20 min	25	12.6
kept in doxycycline for 5 min	119	59.8
cleaned with any type of solution	5	2.5
rinsed with tap water	11	5.5
scrubbed gently	5	2.5
left unwashed	15	7.5
do not know	19	9.5
Q.10		
2 months	10	5.0
2 weeks	76	38.2
24 hours	2	1.0
4 weeks	91	45.7
no splint	5	2.5
do not know	15	7.5
Q.11		
yes. tetracycline	86	43.2
yes. tetracycline (>12 years old)	86	43.2
no	27	13.6
Q.12		
no	180	90.5
yes	19	9.5

Q= question, n=sample size, %= percentage.

Comparing the numbers of correct answers to the questions among those who are GDP and DSs, the median value for correct answers for the GDPs is 7 (between 3-11 correct answers) and for the DSs is 9 (between 4-12 correct answers). It was found that there was a statistically significant difference in the mean correct answers given to the questions between those who were GDPs and DSs ($p=0.002$).

When we compared the correct answers to the questions between DSs and GDPs, it was found that DSs had higher correct answers in Questions 4 and 8. This difference was also found to be statistically significant ($p=0.036$ and $p=0.014$, respectively). The distribution of the number of correct answers according to the specialist status is shown in Table 5 and Table 6.

Table 5. The number of correct answers according to the specialist status

	n	Median (Min-Max)	
specialization			
no	145	7 (3-11)	p=0.002
yes	54	9 (4-12)	

*Statistically significant at p<0.05, n=sample size Min=minimum, Max=maximum.

Table 6. Distribution of the number of correct answers according to the specialist status

	GDP (n=145)		DS (n=54)		p
	N	%	N	%	
Q 1 correct	63	43.4	31	57.4	0.110
Q 2 correct	96	66.2	43	79.6	0.082
Q 3 correct	86	59.3	32	59.3	1.000
Q 4 correct	74	51.0	37	68.5	0.036
Q 5 correct	81	55.9	34	63.0	0.421
Q 6 correct	43	29.7	18	33.3	0.609
Q 7 correct	123	84.8	43	79.6	0.396
Q 8 correct	82	56.6	41	75.9	0.014
Q 9 correct	86	59.3	33	61.1	0.872
Q 10 correct	66	45.5	25	46.3	1.000
Q 11 correct	123	84.8	49	90.7	0.356
Q 12 correct	128	88.3	52	96.3	0.107

*Statistically significant at p<0.05, Q= question, n=sample size, GDP= general dental practitioner, DS= dental specialist.

When we compared the numbers of correct answers to the questions according to the clinical experience of dentists, it was found that dentists with <10 years' experience had the highest rate of correct answers compared to other dentists (8 correct answers). The dentists who had 16-20 years

of experience, had a moderate knowledge level (6 correct answers) when compared with their younger colleagues. This difference was found to be statistically different (p=0.001). The number of correct answers according to clinical experience is shown in Table 7.

Table 7. The number of correct answers according to the years of experience

	n	Median (Min-Max)	
clinical experience			
<3	58	8 (4-11)	p=0.001
3-6	41	8 (4-11)	
7-10	32	8 (5-12)	
11-15	28	7 (4-10)	
16-20	16	6 (4-10)	
20<	24	6 (3-10)	

*Statistically significant at p<0.05, n=sample size, Min= minimum, Max=maximum.

DISCUSSION

The present study examined knowledge of TDIs, patient enrollment, and management regarding the IADT Guidelines for the management of TDIs

among dentists in three cities of the Mediterranean region in Turkey. In this study, the mean knowledge score of GDPs was 7 and of DSs was 9 for 12 questions about emergency management of

TDIs. It was observed that there was a significant difference between the knowledge score of DSs and GDPs ($p=0.002$). A recently published study reported that an average of 5.87 correct answer was given by Brazilian dentists about TDIs and that specialist dentists, such as endodontists and pediatric dentists, had the highest knowledge level of TDIs.¹⁷ Hu *et al.*¹⁸ reported that dental trauma knowledge level of endodontists was higher than the GDPs in Brazil. Zafar *et al.*¹⁹ found that the knowledge level about emergency management of tooth avulsion was significantly associated with the specialty of practice. Another study showed that specialists' knowledge level about emergency management of TDIs was higher than GDPs.²⁰ Similar results were also reported in a study among German GDPs.²¹ Our results are comparable to the above studies with similar findings that knowledge about TDIs is in the moderate range. Less knowledge of TDIs may be explained by a lack of interest by clinicians regarding this topic because of the low incidence of experiencing trauma cases in their practice.

Dentists' professional education level, place of work and years of experience are crucial indicators of knowledge concerning the treatment of TDIs. In 2020, a study showed that the knowledge level of more experienced dentists was low in Turkey.²² Similarly, another study reported that more new graduates knew the answers to most of the questions.²³ In this study, the dentists with fewer years of experience (<10 years) were more knowledgeable (8 out of 12 questions) than dentists with more than 10 years of experience (6 out of 12 questions). This difference among dentists with different years of experience, based on the mean knowledge of TDIs, may be related to updated dental education and in part, by younger dentists having easier access to academic websites for research, such as IADT guidelines. These findings supported the findings of previously published reports evaluating the knowledge level in different countries.^{21,24,25}

Different treatment alternatives have been suggested for the management of intruded permanent incisors, such as spontaneous re-eruption, orthodontic extrusion, and surgical

repositioning. The general consensus is that spontaneous re-eruption has been suggested for immature permanent teeth.^{26,27} In the present study, 47.2% of dentists said they would leave intrusively luxated primary teeth for spontaneous repositioning, and 69.8% of dentists said that they would prefer to leave intrusively luxated permanent teeth to spontaneously erupt.

In the present study, 59.3% of participants stated that they would immediately perform corrective repositioning and provide a splint in conjunction with root canal treatment if pulp necrosis had occurred. Cinar *et al.*¹³ reported that 50% of dentists responded that they would prefer a similar treatment approach. Similarly, another study reported that 47% of the dentists responded that they would base their decision more frequently on the result of a pulp test for extrusive and lateral injuries in their survey.²⁸ Comparing the percentage of correct answers to the questionnaire among DSs and GDPs regarding intrusive injuries of primary and permanent teeth, there was no significant difference between the correct answers of GDPs and DSs regarding luxation traumatic injuries ($p\geq 0.005$). A higher proportion of the participants showed inadequate knowledge of the treatment of intrusion and extrusion luxation injuries.

Comparing the percentage of correct answers to the questionnaire among DSs and GDPs regarding the type of splint material, there was a significant difference between the correct answers of GDPs and DSs ($p=0.036$). 68.5% of DSs and 51% of GDPs would provide a semi-rigid splint with nylon wire material. Cinar *et al.*¹³ reported that DSs were also more aware than GDPs regarding splinting time and material for mature extruded permanent incisors teeth.

The prognosis of complicated crown fracture appears to depend on the extent to which the pulp is exposed and the stage of root development at the time of injury.²⁹ In mature and immature permanent teeth, if the amount of pulp exposure is small and treated within 24 hours, pulp capping has been suggested as the preferred treatment approach.³⁰ A partial pulpotomy is indicated if the amount of pulp exposure is large, if the pulp has

been open to bacterial contamination or if too much time has elapsed after the injury.^{28,31} In the present study, 57.8% of the participants preferred pulp capping a pin-point pulp exposure of an immature complicated crown fractured incisor as the correct answer. In contrast, 30.7% of participants preferred partial pulpotomy as the treatment for immature, complicated crown fractured incisors with large pulp exposure. Buldur and Kaplan reported that only 30.9% of their participants gave the correct answer.¹⁴ Alyasi *et al.*³² showed that only 33.1% of the participants answered this question correctly regarding the management of complicated crown fracture in immature teeth. According to these findings, the participants' knowledge of the emergency dental treatment of complicated crown fracture with pulp exposure was unsatisfactory.

Pulpectomy should be performed to preserve the tooth if the pulp becomes necrotic in cases of complicated crown fractured incisors with complete root formation.³³ In the present study, the majority of participants (83.4%) stated that they would immediately perform root canal treatment (pulpectomy) for this type of injury if there were closed apices with large pulp exposure more than 24 hours after trauma. Cınar *et al.*¹³ showed that 81.2% of participants would prefer root canal treatment, while Kostopoulou and Duggal¹⁵ found that 78% of GDPs would perform pulpotomy for a complicated crown fractured with a large exposure and open apex. Comparing the percentage of correct answers to the questions among DSs and GDPs regarding the type of complicated crown fracture with pulp exposure, there was no significant difference between the correct answers of GDPs and DSs ($p \geq 0.005$).

The prognosis of avulsed teeth depends on whether appropriate emergency management procedures were performed.¹⁰ Immediate replantation is the most appropriate treatment for avulsed teeth. When immediate replantation is not possible, the use of a storage medium, extra-oral time, and the management of avulsed teeth are important for long term prognosis. Several studies have reported that fresh milk is superior to saliva as a storage medium.^{34,35} Zhao and Gong³⁶ reported that most dentists preferred saliva or saline solution

as a storage medium. In the present study, 61.8% of participants preferred milk as a storage medium for an avulsed tooth and 36.2% of the participants chose the patient's mouth (saliva) as the storage medium. Cınar *et al.*¹³ found that 63% of their participants preferred milk as storage, and Cohenca *et al.*¹² reported that 53.6% of their participants identified milk as a storage medium for avulsed teeth. In this study, there was a significant difference between the responses of GDPs and DSs regarding the storage medium of an avulsed tooth ($p=0.014$). While 75.9% of DSs chose fresh milk, 56.6% of GDPs chose fresh milk as the storage medium.

Doxycycline has anti-bacterial, anti-inflammatory effects and it could improve the prognosis and enhance the revascularization of avulsed teeth with an open apex.³⁷ Shaul *et al.*³⁸ stated that the use of root conditioning with doxycycline in avulsed teeth with closed apex resulted in complete healing at 16 months after the tooth replantation. Cınar *et al.*¹³ reported that 39.6% of dentists preferred doxycycline. In the present study, 59.8% of the participants stated they would place the avulsed teeth with an open apex in a doxycycline solution.

The technique of splinting should ensure physiological movement of an avulsed tooth after the replantation and during the healing period. IADT guidelines recommend flexible splinting (2 weeks) for avulsed teeth with closed apex if the extraoral drying time is longer than 60 minutes.¹⁶ In the present study, a low rate of the participants (38.2%) chose the 2 weeks splinting period for mature avulsed teeth. Kostopoulou and Duggal¹⁵ reported that 10-30% of the dentists preferred a 2-week splinting time. According to these findings, the participants' knowledge of the splinting time for an avulsed tooth was unsatisfactory.

The use of an antibiotic is effective in preventing a bacterial invasion of the pulp and inflammatory resorption after the replantation of an avulsed tooth.³⁷ The IADT guideline also recommends the administration of systemic antibiotics, such as penicillin or doxycycline.¹⁰ In the present study, the majority of the participants (96.4%) preferred antibiotics in cases of avulsion

injuries. Similarly, a higher rate of all participants (90.5%) presented the correct answer regarding the replantation of avulsed primary teeth. A previous study has also reported that 83% of the dentists were unwilling to replant primary teeth.¹²

CONCLUSIONS

Based on our findings, the level of Turkish general dental practitioners' knowledge about the management of TDIs was found to be moderate and also it could be concluded that postgraduate continuing education programs need to improve their knowledge about the management of TDIs. Furthermore, the awareness of dentists should be raised regarding the availability of the Turkish version of the IADT guideline, which was updated in 2020 (www.iadt-dentaltrauma.org), as well as the mobile phone application (Tooth SOS).

ACKNOWLEDGEMENT

The authors wish to thank all participants for their invaluable contribution to the present study. The authors would also like to thank Cagla Sariturk for statistical analysis of the present study and Roland Blankenstein, Furkan Kiraz, Abbas Merzhoev and Süleyman Dilek for kindest supports.

CONFLICTS OF INTEREST STATEMENT

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

FUNDING

The author received no financial support for the research, authorship, and/or publication of this article.

Türkiye'nin Bir Bölgesindeki Diş Hekimlerinin Travmatik Dental Yaralanmaların Yönetimi Konusunda Bilgi Seviyesi: Kesitsel Bir Çalışma

ÖZ

Amaç: Bu çalışmanın amacı travmatik dental yaralanmaların (TDY) yönetimi konusunda genel diş hekimleri (GDH) ve uzman diş hekimlerinin (UDH) bilgi seviyelerini değerlendirmektir. **Gereç ve Yöntemler:** Çalışmaya Türkiye'deki üç şehirden elektronik anketleri dolduran toplam 199 katılımcı dahil edildi. Anketin ilk bölümü diş hekimlerinin kişisel bilgilerini içerirken, ikinci bölüm diş hekimlerinin çocuklarda çeşitli dental travma tiplerinin yönetimindeki bilgi düzeyleri ile ilgili çoktan seçmeli sorulardan

oluşturuldu. Elde edilen sonuçların istatistiksel analizi Ki-kare testi ya da Fisher's test ve Mann-Whitney U test ya da Kruskal Wallis testi kullanılarak yapıldı. Tüm testler için anlamlılık düzeyi 0.05 olarak alındı. **Bulgular:** Anketler 145 GDH ve 54 UDH tarafından tamamlandı. Tüm katılımcıların %29,1'inin (58) 3 yıldan daha az, %20,6'sının (41) 3-6 yıl arası, %16,1'inin (32) 7-10 yıl arası, %14,1'inin (28) 11-15 yıl arası, %8'inin (16) 16-20 yıl arası ve %12,1'inin (24) ise 20 yıldan daha fazla klinik tecrübesi vardı. Daha fazla klinik tecrübeye sahip diş hekimlerine göre daha az klinik tecrübeye sahip (10 yıldan az) diş hekimlerinin bilgi düzeyinin daha fazla olduğu bulundu ($p=0,001$). Ayrıca, UDH'nin bilgi düzeyi GDH'nin bilgi düzeyinden daha fazlaydı ($p=0,002$). **Tartışma:** Bulgularımız TDY'nin yönetiminde diş hekimlerinin bilgi düzeyinin orta seviyede olduğunu ortaya çıkarmıştır. Bu sonuçlar TDY'lardaki tedavi protokolleri hakkında diş hekimlerinin bilgi seviyesinin geliştirilmesi gerektiğini vurgulamaktadır. **Anahtar Kelimeler:** Davranış, dental travma, acil, bilgi düzeyi.

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