


URGENT CARE FREQUENCY OF THE ASSESSMENT CARRIED OUT IN A SCHOOL CLINIC OF A DENTAL COLLEGE OF MINAS GERAIS

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The present study was carried out at the Faculty of Medical and Health Sciences of Juiz de Fora - MG.

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ABSTRACT

To evaluate the frequency of dental emergencies and specifications, along with the patient's profile attended at the Clinical School of Dentistry, Faculty of Medical Sciences and Juiz de Fora Health (Supreme). We selected 152 medical records of clinical dental school of Juiz de Fora University Hospital - MG were selected and assessed the patient's profile and the classification of emergency cases. It was found that 57.2% of the patients were female and 42.7% male. The age of these patients is on average 44 years and the most frequent causes of visits were: dental prosthesis, endodontic and dental trauma. It can be concluded that some of the diseases found in dental emergencies are likely to be prevented or identified early on. Patients with pain are part of most attending emergency care services. In order to control the emergency care and improve the solvability, preventive actions should be developed, promoting a preventive rather than curative health.

Keywords: Ambulatory Care, Prevalence, Toothache, Dentistry, Teaching.

INTRODUCTION:

Over the past few decades, Dentistry has changed its profile of serving the population, abandoning the mutilating stereotype and molding a profile based on welcoming, respect and integrality. Despite the great advances achieved, there is still a need for emergency care (SANCHEZ HF.; DRUMOND MM., 2011).

Dental emergencies can be separated into three classifications: emergencies of painful origin, emergencies of aesthetic origin and emergencies related to the oral mucosa. Dental emergencies of painful origin can occur due to endodontic, periodontal problems or temporomandibular disorders. Immediate treatment basically consists of removing the cause, and drug therapy acts as an adjunct. Dental injuries or prosthetic problems are considered aesthetic emergencies,

which can be solved through measures that reestablish function and aesthetics, such as restorations, fragments bonding, dental reimplants and minor denture repairs. Traumatic ulcer, recurrent aphthous ulcer, recurrent herpes simplex and candidiasis are classified as emergencies related to the oral mucosa. Generally, the treatment of these lesions consists of removing the cause, whenever possible, or it is palliative and aims at relieving symptoms (TORTAMANO IP; COSTA CG. et al., 2004).

Head and neck involvement in urgent situations becomes a dramatic experience for both adults and children. Traumatic injuries are considered from a simple enamel fracture to the definitive loss of a tooth. Lesions involving the anterior teeth are likely to result in unfavorable effects on function and cause pain, directly affecting self-esteem, behavior and personal success, especially if there is permanent tooth loss (SANABE ME.; CAVALCANTE LB. et al., 2009). In order to make an urgent care effective, a thorough evaluation of the symptoms of patients with orofacial pain of dental origin is necessary, being associated with a careful clinical examination, thus reaching a correct diagnosis and an appropriate therapeutic approach (MUNERATO MC.; FIAMINGUI DL et al., 2005).

Nutritional conditions, habits related to the individual's lifestyle, geographical position and socioeconomic situation are considered causal factors for the appearance of diseases in the oral cavity, also varying their incidence (MUNERATO MC.; FIAMINGUI DL. et al., 2005).

Pain relief, dentoalveolar infections and trauma were scored as the main demands in emergency dental services (VAN PALENSTEIN HELDERMAN WH.; BENZIAN H. et al., 2006). Although the origin of the pain is mostly endodontic or periodontal, patients who have lesions involving the oral mucosa or other structures of the cavity may seek care not for pain, but for bleeding, post-surgical complications or functional loss (MUNERATE MC.; FIAMINGUI DL. et al., 2005). The non-prioritization of oral health care in the face of other diseases, being described by individuals, was also recognized as a trigger for urgent care, thus generating the need to facilitate access to the service, which is placed as a priority in health care programs (VAN PALENSTEIN HELDERMAN WH.; BENZIAN H. et al., 2006).

As it is common for dental surgeons to face patients in situations of acute pain from different origins, there is a need to have contact with cases of this nature in their academic training, preparing professionals for their clinical practice (MARCHINI L.; SPONSORSHIP MC. et al., 2000).



The present study aimed at evaluating the frequency of dental emergencies and their specifications, together with the profile of the patient seen at the dental school clinic of the Faculty of Medical and Health Sciences Juiz de Fora (Suprema).

MATERIALS AND METHODS:

This research was submitted and approved by the Research Ethics Committee of the Faculty of Medical and Health Sciences of Juiz de Fora by protocol n° 1.218.361.

152 records were selected from the dental school clinic of a teaching hospital in Juiz de Fora - MG. These were evaluated during the months of September and October 2015, using the following criteria:

- a) Patient profile: age and sex;
- b) Classification of emergency care: endodontic, periodontal, temporomandibular disorders, dental trauma, dental prosthesis, traumatic ulcer, recurrent foot and mouth ulcer, herpes simplex, candidiasis and tenderness. Incomplete medical records that did not meet the urgency criteria were excluded.

The data were submitted to a descriptive analysis using frequency and percentage.

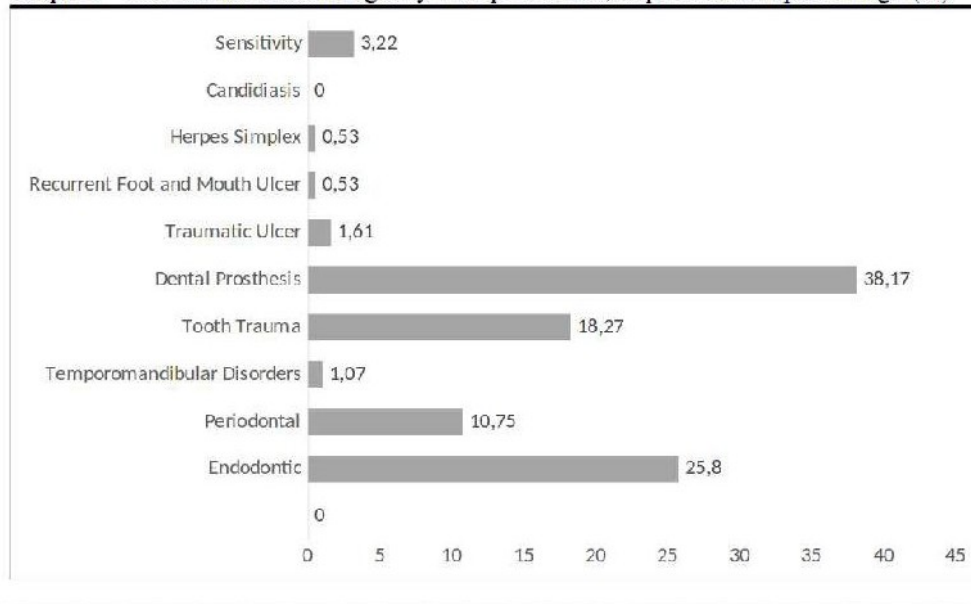
RESULTS:

1 - Patient Profile:

Of the 152 participants, 87 (57.2%) were female and 65 (42.7%) were male. The average age of these patients is 44 years old (± 16.4), ranging from 9 to 82 years old.

2 - Classification of care:

At the time of the anamnesis, patients were asked which was the main complaint that led them to seek the service. These complaints were framed in classifications based on scientific evidence. The classifications of emergency care are expressed in percentages in Graph 1.

Graph 1 - Classification of emergency care performed, expressed as a percentage (%)

DISCUSSION:

In order to plan and organize the actions that must be developed for oral health care, systematic monitoring must be carried out every month of the urgency and emergency incidence in Dentistry (ROJAS GCS .; VAZQUEZ FL. et al., 2015) . After analyzing 152 medical

records, it was found that 57.2% of the patients attended were female. This result is in agreement with the report of other investigations (ESTRELA C .; GUEDES AO. et al., 2011), (CHUNG JW .; KIM JH. et al., 2004), (RILEY III JL .; GILBERT GH. et al., 2005), (DOURADO AT .; CALDAS JÚNIOR AF. et al., 2005).

As the highest prevalence of demand, dental prosthesis reached 38.17% of the consultations, going against a study that presents searches for emergency care to resolve fractured teeth, loose crowns and broken fillings as the most prevalent, being 42% of the study total, in sum (RILEY III JL .; GILBERT GH. et al., 2005).

Pains of endodontic origin reached 25.8% prevalence in visits, being justified by the association created between the demand for emergency care and pain (RILEY III JL .; GILBERT GH. et al., 2005). A study shows that 50.2% of patients sought care for endodontic origin, 33% of whom had a diagnosis of

symptomatic irreversible pulpitis, followed by 17.2% of reversible pulpitis (DOURADO AT .; CALDAS JÚNIOR AF. et al., 2005) .

In the present study, the prevalence of dental trauma in patients seen in the urgency and emergency department was 18.27%, while a study carried out in Germany was 8% (MAHMOODI B .; RAHIMI-NEDJAT R. et al., 2015), in Korea 66% (BAE JH .; KIM YK. et al., 2011), 27.7% in the United Kingdom (PORTMAN-LEWIS S., 2007), 11% in Greece (LYGIDAKIS NA .; MARINO D. et al., 1998) and in France 8.4% (TRAMINI P .; AL QADI NASSAR B. et al., 2010). This variation can be explained due to the different health systems; and also the cultural and socio-economic differences (MAHMOODI B .; RAHIMI-NEDJAT R. et al., 2015).

The prevalence of visits due to periodontal pain was 10.75%. The figure found corroborates with a study carried out in a university hospital in China, which was 18%. It should be reported that the older the patient, the more serious the disease responsible for seeking care (CHEN HT .; JI AP. et al., 2015).

The prevalence of patients looking for sensitivity was 3.22%. Treatments in order to provide immediate relief have become increasingly frequent, since dentin hypersensitivity presents itself as an emergency condition (OLUSILE AO .; BAMISE CT. et al., 2008)

Regarding the search for diseases of the oral mucosa, the study being stratified as Candidiasis, Herpes Simplex, Recurrent Mouth Ulcer and Traumatic Ulcer, the prevalence, in sum, was 2.67%. A study carried out in Korean elderly showed that oral wounds reached 26.2% incidence and burning sensation of 14.2% (STAR C .; GUEDES AO. et al., 2011), (CHUNG JW .; KIM JH. et al., 2004). Such discrepancy can be justified by the difference in the average age of the surveys, with an average of 44 years old in the present study.

More than 50% of the population have at least one or more signs of Temporomandibular Disorders, according to the epidemiological research (SALONEN L .; HELLDEN L. et al., 1990), however it is estimated that only 3.6% to 7% of these individuals need some type of intervention (MCNEILL C .; MOHL ND. et al., 1990). The demand for care due to pain related to Temporomandibular Disorders in our study was 1.07%, showing some proximity to the rates of patients in need of treatment presented in the comparative studies.

CONCLUSION:

It can be concluded that some of the diseases found in dental emergencies are likely to be prevented or identified in the initial phase.



Pain patients are part of the majority who attend emergency care services, they should be instructed to carry out continuous treatments to minimize their pain and solve their problems.

In order to control urgent care and improve resolvability, preventive actions must be developed, promoting preventive and non-curative health.

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