

as ethnic characteristics, socio-economic status and the quality of our national oral health preventive programme.

### OPD13.15 Comparison of oral health between children with odontophobia and children with intellectual disability

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#### Aim

This was to assess and compare the oral health of uncooperative children treated under general anaesthesia (GA) due to intellectual disability or dental fear. Behavioural management problems and intellectual disability are described as indications for dental treatment under GA.

#### Methods

Children aged 6–18 years old from both groups were treated in the Paediatric Dentistry Department, UPJS Kosice, Slovakia in 2011–2014. Data were collected from all uncooperative children that underwent dental treatment under GA. Group 1 comprised of 75 patients with ID and Group 2 of 37 patients with dental fear.

#### Results

Mean age was  $11.92 \pm 3.7$  and  $10.9 \pm 2.7$  years for Group 1 and 2 respectively, the difference was not statistically significant ( $p = 0.18$ ). Gender distributions: 45/30 boys/girls in Group 1 and 15/22 in Group 2. Data collected during pre-operative examination showed no statistically significant differences with respect to caries occurrence in these groups (mean D in DMFT was 7.4 in Group 1 and 7.18 for Group 2). However, both groups exhibited significantly higher DMFT and specifically caries occurrence than that seen in a healthy population. The mean number of permanent teeth extracted due to unrestorable caries was 3.14 in Group 1 and 2.7 for Group 2. The number of patients receiving treatment under GA due to dental fear decreased with age. However, the same trend was not seen in patients with intellectual disability.

#### Conclusions

The data showed that both groups of children assessed in this study, those with dental fear and those with intellectual disability had a comparably high incidence of dental caries.

### OPD13.16 Dental status of intellectually challenged children retreated under general anaesthesia

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#### Aim

To determine the clinical reasons for retreatment under general anaesthesia (GA) of intellectually challenged children.

#### Methods

Patients were selected from previously treated children at the University of Pécs, Paediatric Dentistry Dept. The data of 49 retreated intellectually challenged children were collected and compared to 50 age/gender related healthy patients according to their initial diagnoses, treatment types, the circumstances of the retreatment or subsequent chairside screening.

#### Results

The analysis showed that the basic dental status of intellectually challenged children at the time of the first examination was worse than for healthy patients. Average time until the second treatment was 2.5 years, but that was extremely high. Compared to the retreatment diagnostics of the intellectually challenged and healthy children deterioration in oral health was faster for the intellectually challenged patients.

#### Conclusions

Intellectually challenged patients and their families need intensive special preventive health education. A suggested protocol was created to instruct these patients to achieve a slower impairment or stabilised status in oral health.

## POSTER NO DISCUSSION (PND)

### PND1 Intrinsic green staining resulting from neonatal hepatitis and hyperbilirubinemia

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#### Background

Intrinsic stains are changes in the colour of the tooth related to systemic factors such as: genetic factors, birth defects, metabolic defects, prenatal care, infectious diseases, neurological disorders, endocrine, kidney, liver, nutritional deficiencies and poisoning that usually occurred during odontogenesis. Special care patients are one of the most important patient groups in paediatric dentistry and health care providers have an understanding of the aetiology in order to diagnose and recommend a more appropriate treatment.

#### Case report(s)

Treatments of patient were; the restorations of his first lower permanent molars with SSC, maxillary expansion, cosmetic treatment with bleaching and restorations of teeth.

#### Follow-up

The patient is under our surveillance.

#### Conclusions

Special care patients are one of the most important patient groups in paediatric dentistry and health care providers have an understanding of the etiology in order to diagnose and recommend a more appropriate treatment.

### PND2 Achondroplasia: A report of three cases

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#### Background

Achondroplasia is the most frequent form of short-limb dwarfism. It is inherited as an autosomal dominant trait and caused by heterozygous mutation in the fibroblast growth factor receptor-3 gene on chromosome 4p16.3. The purpose of this case is present symptoms of three cases with achondroplasia.