

بسم الله الرحمن الرحيم

 $\infty\infty\infty$

تم رفع هذه الرسالة بواسطة / حسام الدين محمد مغربي

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى مسئولية عن محتوى هذه الرسالة.

AIN SHAMS UNIVERSITY

Since 1992

Propries 1992

ملاحظات: لا يوجد



"Comparison of Silver Modified and Conventional Atraumatic Restorative Treatment Modalities in Primary Molars in a Group of Egyptian School Children.

A Randomized Controlled Trial"

Thesis

Submitted to the Pediatric Dentistry and Dental Public Health Department,
Faculty of Dentistry - Ain Shams University
for partial fulfillment of the requirements of the Doctorate Degree in Pediatric
Dentistry

By

Abla Ahmed Mohamed Aly

Assistant Lecturer, Department of Pediatric Dentistry and Dental Public Health, Faculty of Oral and Dental Medicine, Future University in Egypt

M.Sc, Faculty of Dentistry, Ain Shams University, 2015

B.D.S., Faculty of Dentistry, Ain Shams University, 2007

Faculty of Dentistry

Ain Shams University

2022

SUPERVISORS

Prof. Dr. Amr Mahmoud Abd El Aziz

Professor of Pediatric Dentistry and Dental Public Health
Faculty of Dentistry
Ain Shams University

Dr. Reham Khaled Abou El Fadl

Associate professor of Pediatric Dentistry and Dental Public Health
Faculty of Dentistry
Ain Shams University

Acknowledgment

I would like to express my deepest gratitude to *Prof. Dr. Amr Mahmoud Abd El Aziz*, Professor of Pediatric Dentistry and Dental Public Health, Faculty of Dentistry, Ain Shams University for his expert advice, constant support, and encouragement. Working under his supervision has been an absolute honor and pleasure.

I would also like to express my sincere gratitude to *Dr. Reham Khaled Abou El Fadl*, Associate Professor of Pediatric Dentistry and Dental Public Health, Faculty of Dentistry, Ain Shams University, for her endless support, meticulous efforts, and unconditional help throughout this thesis, and since my enrollment as a post-graduate student at the Department of Pediatric Dentistry.

I am grateful to *Dr. Reham Khaled EL-Ghazawy*, Lecturer of Pediatric Dentistry and Dental Public Health, Faculty of Dentistry, Ain Shams University for her prompt and thorough efforts in carrying out the patients' follow up for this thesis.

I am also thankful for my patients and their parents for their valuable participation. Without their contribution, completion of this study wouldn't have been possible.

Finally, I would like to thank all my dear colleagues and faculty at the Department of Pediatric Dentistry and Dental Public Health, Ain Shams University, for their continuous help, encouragement, and kindness throughout my masters and doctorate degree.

Dedication

To my family My Dear Mom & Dad

Thank you for everything, I am here now because of you

To My lovely Sister,
My supportive husband

Adorable Son

You are my backbone

LIST OF CONTENTS

Pa	ge
List of abbreviations	i
List of figures	iii
List of tables	v
Introduction	.1
Review of literature	4
Aim of the study	43
Materials and methods	44
Results	66
Discussion	.95
Summary	110
Conclusions	112
Recommendations	113
References	114
Appendix	
Arabic summary	

LIST OF ABBREVIATIONS

Abbreviation	Meaning
GA	General anesthesia
MID	Minimal intervention dentistry
ART	Atraumatic restorative treatment
SDF	Silver diamine fluoride
SMART	Silver modified atraumatic restorative treatment
GIC	Glass ionomer cements
ECC	Early childhood caries
AAPD	American Academy of Pediatric Dentistry
GBD	Global burden of disease
USA	United States of America
YLDs	Years of healthy life lost due to disability
DMF	Decayed, missing, and filled
UAE	United Arab Emirates
SDH	Social determinants of health
FDI	World Dental Federation
DALYs	Disability-adjusted life years
FDA	The Food and Drug Administration
DFA	Dental fear and anxiety
RCT	Randomized controlled trial
NaF	Sodium fluoride

Abbreviation	Meaning
ADA	American Dental Association
DNA	Deoxyribonucleic acid
IRT	Interim restorative treatment
CONSORT	Consolidated Standards of Reporting Trials
ICMJE	International Committee of Medical Journal Editors
REC	Research Ethics Committee
FDASU	Faculty of Dentistry, Ain Shams University
UNESCO	United Nations Educational, Scientific and Cultural Organization
WBFPS	Wong-Baker Faces Pain Scale
USPHS	United States Public Health Services
CPI probe	Community periodontal index probe
FS	Faces Scale
SD	Standard deviation
COVID	The Coronavirus disease
WHO	World Health Organization

LIST OF FIGURES

Figure no.	Title	Page
1	Consort flow diagram of the trial	50
2	Soft tissue protection using petroleum jelly	54
3	Spoon excavator	54
4	SDF (Advantage Arrest)	54
5	SMART technique in a primary molar	55
6	Enamel hatchet	57
7	ART technique in a primary molar	57
8	The Wong-Baker Faces Pain Scale	59
9	CPI periodontal probe	60
10	Faces scale for patient satisfaction	62
11	Bar chart representing mean and standard deviation values for time consumed for restoration in the two groups	68
12	Box plot representing median and range values for discomfort scores in the two groups	69
13	Restoration cost in both groups	70
14	Bar chart representing differences in marginal adaptation scores between the two study groups	72
15	Bar chart representing changes in marginal adaptation scores within the two study groups at 6 and 12 months	73
16	Bar chart representing differences in secondary caries scores between the two study groups	75
17	Bar chart representing changes in secondary caries scores within the two study groups at 6 and 12 months	76
18	Bar chart representing differences in color match scores between the two study groups	78
19	Bar chart representing changes in color match scores within the two study groups after six and 12 months	79
20	Bar chart representing difference in retention scores between the two study groups	81

Figure no.	Title	Page
21	Bar chart representing changes in retention scores within two study groups at 6 and 12 months	82
22	Bar chart representing differences in post-operative hypersensitivity scores between the two study groups	84
23	Bar chart representing changes in post-operative hypersensitivity scores within the two study groups at 6 and 12 months	85
24	Box plot representing median and range values for parental satisfaction with function of restoration in the two study groups	87
25	Box plot representing median and range values for parental satisfaction with esthetics scores in the two groups	88
26	Box plot representing median and range values for parental satisfaction with color scores in the two groups	90
27	Bar chart representing patient satisfaction in the two groups	91
28	Bar chart representing patient satisfaction after six and 12 months	93
29	Kaplan-Meier survival curve for the two study groups	94

LIST OF TABLES

Table No.	Title	Page
1	Materials used in the study	44
2	PICO	45
3	Study outcomes	47
4	Inclusion and exclusion criteria	49
5	United States Public Health Services (USPHS) criteria	61
6	Baseline Characteristics of the two study groups	67
7	Time consumed per restoration in minutes in the two study groups	68
8	Child discomfort scores during treatment in the two study groups	69
9	Comparison between marginal adaptation scores in the two study groups	71
10	Comparison between marginal adaptation scores at different follow up periods within each group	73
11	Comparison between secondary caries scores in the two study groups	74
12	Comparison between secondary caries scores at different follow up periods within each group	76
13	Comparison between color match scores in the two study groups	77
14	Comparison between color match scores at different follow up periods within each group	79
15	Comparison between retention scores in the two groups	80
16	Comparison between retention scores at different follow up periods within each group	82
17	Comparison between post-operative hypersensitivity scores in the two study groups	83
18	Comparison between post-operative hypersensitivity scores at different follow up periods within each group	85
19	Difference in parental satisfaction with function of restoration between and within the two groups	86

Table No.	Title	Page
20	Difference in parental satisfaction with esthetics of restoration between and within the two groups	88
21	Difference in parental satisfaction with color of restoration between and within the two groups	89
22	Comparison between patient satisfaction in the two groups	91
23	Comparison between patient satisfaction at different follow up periods within each group	92

INTRODUCTION

Oral diseases affect 3.5 billion people around the globe. It has been estimated that 2 billion people suffer from caries in the permanent dentition, while 520 million children have carious lesions in their primary dentition. ⁽¹⁾ Epidemiological studies show that dental caries is still prevalent, especially in children from low socioeconomic communities. ⁽²⁾

Consequences of untreated caries in children include increased risk of future decay in the primary and permanent dentitions in addition to pain and infections. Moreover, highly expensive emergency room visits, and extensive treatment costs are often required because of the potential need for general anesthesia (GA). Untreated dental caries may also cause a delay in development and growth; added to school and parental work absenteeism. (3,4)

Traditionally, carious lesions are managed using the conventional approach which requires sophisticated instruments including electrically driven handpieces and syringes for administration of local anesthesia. ^(5,6) Pharmacological interventions using sedation and GA are, also, a common practice when dealing with children having behavioral, psychological, or developmental disorders. However, as dental treatment under GA is not cost-saving and the risks of postoperative morbidities are relatively high ⁽⁷⁾, using alternative approaches that reduce the need for hospital admissions and GA is strongly recommended. ⁽⁸⁾

Precisely, more accessible, effective, safe and affordable modalities that could be easily implemented in different settings to improve access to dental care for vulnerable populations should be tested in clinical trials. (9) The introduction of Minimal Intervention Dentistry (MID) has caused a revolution in dental caries management, particularly in young children. (10) Atraumatic

restorative treatment (ART) and Silver diamine fluoride (SDF) come under the umbrella of MID as they aim to maximize conservation of tooth structure with the least psychological impact on the child.⁽¹¹⁾

SDF is described as a "silver- fluoride bullet" due to its ability to arrest tooth decay and simultaneously prevent the formation of new carious lesions. SDF is highly effective due to the combined benefits of bactericidal activity of silver nitrate, along with the remineralization efficacy of fluorides. (12) SDF is a non-surgical affordable approach, suitable for use in dental clinics as well as field settings. In addition, it could be a highly convenient treatment option for dental caries in children with behavioral challenges. However, SDF treatment causes a black unesthetic discoloration of the arrested lesion. Besides, it does not restore tooth form or function. (13,14)

On the other hand, while ART is a cost-effective minimally invasive procedure that is universally accepted by children, ^(15,16) the technique might be difficult to perform in cavities with limited accessibility and might cause hand fatigue when used for long periods. Besides, the survival of ART restorations in multi-surface cavities in primary teeth was found to be relatively unsatisfactory. ⁽¹⁶⁾ Also, it was found to be a time consuming technique, as cavity preparations using ART take twice as long as when using conventional rotary tools. ⁽¹⁷⁾

Silver modified atraumatic restorative treatment (SMART) is a new technique which combines the use of SDF and glass ionomer cements (GIC) restorations. This novel approach brings together the capacity of SDF to kill bacteria with GIC's ability to seal the tooth and cut off nutrition needed for bacterial growth. Using SMART may promote caries arrest and enhance remineralization of tooth structure while maintaining pulp vitality.

Furthermore, the placement of GIC over SDF treated teeth can relatively mask the unesthetic discoloration caused by SDF. (18,19)

Against this background, the aim of the current study was to test the effectiveness of using SMART as a cost-effective minimally invasive alternative treatment approach for managing dental caries in primary molars.