

Oral Health-Related Quality of Life Following Root Canal Treatment of First Permanent Molars Among Children. A Cross-Sectional Study [Letter]

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Dear editor

We have read the paper written by Nada Othman Bamashmous et al about Oral Health-Related Quality of Life Following Root Canal Treatment of First Permanent Molars Among Children.¹ We congratulate all authors who have provided information about the importance of maintaining First permanent molars (FPM) which play an important role in mastication and facial development, especially in children. First permanent molars are closely related to dental health and are an important parameter that determines oral health. Carious lesions in FPM are one of the most common chronic diseases that occur in childhood.² Carious lesions generally occur in posterior teeth at the age of 3 years and can be predicted to have a negative impact on OHRQoL later in life.³

The study conducted by Nada Othman Bamashmous et al used a cross-sectional study conducted at three health centers in Jeddah and the OHIP5-Ar questionnaire was validated to assess the OHRQoL of patients.¹ The method used was in accordance with the targets to be achieved, however We recommend adding an assessment of quality of life in four domains, namely oral symptoms, functional limitations, emotional well-being, and social well-being, as well as using a visual analogue scale (VAS) to assess discomfort during the first month of treatment.⁴

In this research, Nada Othman Bamashmous et al found that there was no significant relationship between optimal OHRQoL and gender, family income, and location of the tooth being treated, however treating one FPM with root canal treatment (RCT) provided an opportunity to increase optimal OHRQoL.¹ However, it should be noted that in children, dental caries lesions in the anterior and posterior segments will have a greater impact on posterior teeth after OHRQoL. In addition, the greater number of teeth affected by carious lesions in early childhood will have a negative impact on OHRQoL over time. Therefore, it is necessary to treat and prevent dental caries from an early age, especially when molars are affected, this is important to reduce the long-term negative impact on quality of life.³

In conclusion, we agree that RCTs on FPM can be a successful treatment option for pediatric patients that can offer a better quality of life related to optimal oral health.¹ However, it is necessary to review the overall OHRQoL to assess adaptation and discomfort during treatment and compare the results with other dental services such as restorative, prosthodontic and periodontal treatment.⁵ Guidance and care are needed to control plaque on primary molars immediately after eruption with reducing consumption of sweet foods and drinks, as well as providing special oral health services to treat posterior tooth lesions in young children.³

Disclosure

The authors report no conflicts of interest in this communication.

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