

Examinations Completed after Emergency Treatment in Oral Surgery versus Pediatrics

Alison John, DDS, Selene Wun, DDS, MHA, Soon Kwon, DMD, Robert Pellecchia, DDS
Lincoln Medical Center, Bronx, NY

Purpose

To evaluate return for routine care when emergency treatment is completed in a pediatric dental clinic compared to an oral surgery clinic.

Background

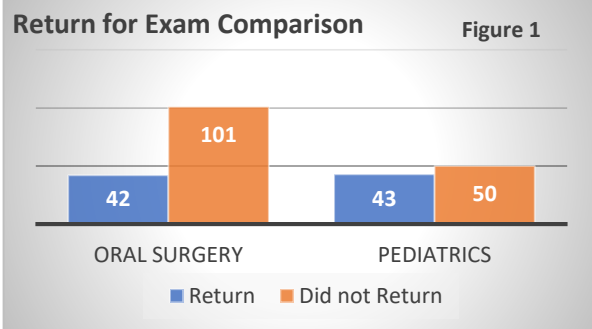
- One half of all children by the age of 9 have experienced a toothache (1).
- Many patients are most motivated to visit their healthcare provider when they are in pain or discomfort (1).
- Dental pain, especially when caused by dental caries, can largely be avoided through routine evaluations to ensure that carious lesions are treated when they are smaller, rather than when they can cause discomfort. (2).
- Many patients are lost for follow up after receiving treatment in emergency rooms (3).
- Pediatric dental clinics are typically a positive environment, featuring televisions, bright colors and stickers and rewards (4).
- Pediatric dentists are trained to emphasize preventative care to ensure that patients establish healthy oral habits at a young age (2)
- Pediatric dentists are more likely to provide more optimal preventive services to children than general dentists in the United States (5).

Methods

- A retrospective chart review of children aged 0-10 years old who presented to the oral surgery clinic (Jan 2024-June 2024) and the pediatric dental clinic (Jan 2025-June 2025) was completed.
- **236** patients were categorized based on procedure completed: no treatment rendered, extraction, pulpotomy/pulpectomy, restoration, splinting, incision and drainage, prescription and scheduled for general anesthesia/sedation (Figures 1,2,3).
- Exclusions: Patients with completed exams within the last 6 months.
- Follow-up in the pediatric dental clinic for examination within 3 months of emergency treatment was found (Figure 1).
- Chi-square test utilized to determine significance.

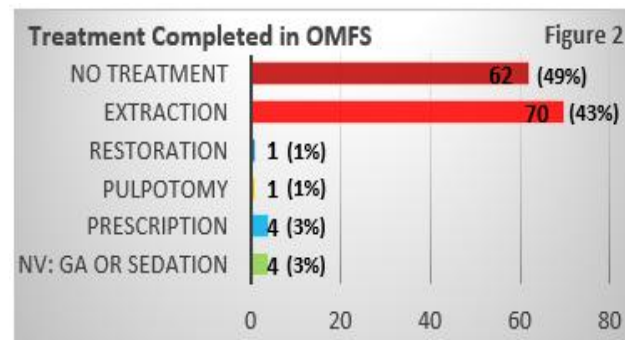
Results

- Statistical significance was determined between patients return for examinations among oral surgery versus pediatrics ($\chi^2=6.956$, $p=0.0084$).

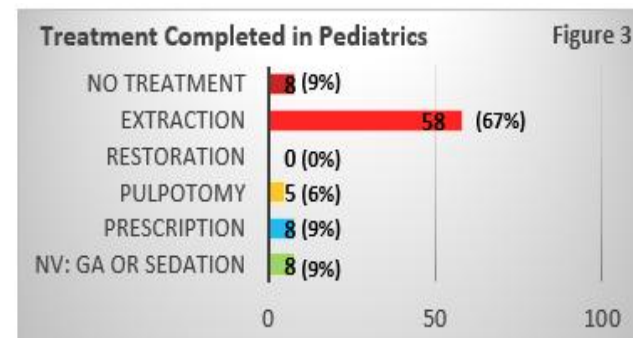


Results Cont.

- In the OMFS clinic, no treatments was completed most frequently (49%), followed by extractions (43%) when patients presented for emergency treatment.



- In the Pediatrics clinic, extractions were completed most frequently (67%), followed by prescriptions, reschedule for general anesthesia or sedation, or no treatment (9%) when patients presented for emergency treatment .



Discussion

- Extractions were the most commonly completed dental treatment in both the oral surgery and pediatric clinic (Figures 2,3).
- The oral surgery clinic was more likely to defer treatment to the pediatrics department or for a later date when compared to the pediatric clinic (Figures 1,2).
- Significantly more patients returned to commence routine care when emergency treatment was completed in the pediatric clinic (Figure 1,3).

Conclusions

- Specialists should provide referrals to pediatric dentists if unable to provide treatment to ensure pain is addressed and a dental home is established.
- Pediatric dentist provide a variety of emergency treatments due to comfort with completing treatment and behavior management skills.
- Providers should utilize an emergency visit as an opportunity to emphasize the importance of receiving routine dental care.

References

1. Naavaal, S., & Kelekar, U. (2018). School hours lost due to acute/unplanned dental care. *Health Behavior and Policy Review*, 5(2), 66-73. <https://doi.org/10.14485/hbpr.5.2.7>
2. Panda, A., Bhatia, R., & Vora, E. C. (2018). Pediatric dental appointments no-show: Rates and reasons. *International Journal of Clinical Pediatric Dentistry*, 11(3), 171-176. <https://doi.org/10.5005/ip-journals-10005-1506>
3. Meyer, B., Adkins, E., Finnerty, N. M., & Robinson, F. G. (2016). Determining the rate of follow-up after hospital emergency department visits for dental conditions. *Clinical, Cosmetic and Investigational Dentistry*, 8, 51-56. <https://doi.org/10.2147/CIDE.S101195>
4. Kumar Verma R, Sindgi R, Gavarraju DN, Lakshmi Manasa P, Bakkuri PK, Dubey A, Ravula SR. Effectiveness of Different Behavior Management Techniques in Pediatric Dentistry. *J Pharm Bioallied Sci*. 2024 Jul;16(Suppl 3):S2434-S2436. doi: 10.4103/jpbs.jpbs_262_24. Epub 2024 Jul 31. PMID: 39346215; PMCID: PMC11426829.
5. Ghaffari A, Bradbury RF, Harman J. Provision of Pediatric Dental Services by Pediatric Dentists Versus General Dentists: Secondary Dental Analysis of Medical Expenditure Panel Surveys. *Pediatr Dent*. 2024 May 15;46(3):179-185. PMID: 38822502.