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Management of Cervicofacial Keloids in black population: A Preliminary Study. S.W.GUTHUA*, D.L.MWANIKI and F.G.MACIGO. Faculty of Dental Sciences, University of Nairobi, Kenya.

Keloids are soft tissue lesions which develop as a complication in later stages of wound healing. They occur more commonly in blacks in comparison to other racial groups. Although hereditary factors are implicated in individual selection and pathogenesis of keloids, the aetiology is unknown. The individuals who succumb to this disfiguring condition are usually psychologically traumatised thereby influencing their self-esteem. The management of these lesions is challenging and surgery alone without adjuvant radiotherapy shows high recurrence rate. 10 patients with keloids in the cervicofacial region are presented. The patients were divided in two categories. Category I patients (N=5) were managed with surgery and local steroid therapy. Category II patients (N=5) received adjuvant superficial radiotherapy treatment (SXRT) after surgery. In two of the patients in Category I, there was recurrence whereas in category II, there was none. Complications observed in category I patients included: hypopigmentation and lipotrophy while in category II patients localized dermatitis, sloughing of the skin and local tissue necrosis (N=1) were observed. The complications related to SXRT improved and no invasive intervention was required. SXRT if meticulously fractionated and monitored seems to be the most favourable adjuvant modality in the management of keloids among the black population.

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Influence of Cigarette Filter on the Risk of Developing Oral Leukoplakia: F.G.MACIGO*, D.L. MWANIKI, S.W. GUTHUA, E.N. NJERU, Faculty of Dental Sciences, University of Nairobi.

Although filter tips are widely used with the aim of reducing the health hazards associated with cigarette smoking, the alleged benefits is a subject of great controversy. In a case-control study to determine the influence of filter and the effect of smoking Kiraiiku (home processed, hand rolled tobacco) on the risk of developing oral leukoplakia among smokers, 85 cases and 141 controls matched for sex, age (≤ 3 years) and cluster origin were compared for their use of filter cigarettes, non filter cigarettes and Kiraiiku. The relative risk (RR) of oral leukoplakia was 9.1 (95% confidence intervals (CI) = 4.1-20.2) in smokers of filter cigarettes, 9.8 (95% CI = 2.3-47.0) in smokers of non-filter cigarettes, 29.3 in smokers of both Kiraiiku and filter cigarettes and 17.2 in smokers of both Kiraiiku and non-filter cigarettes. Cigarette filter appeared to have no significant influence on the risk of developing oral leukoplakia and in addition the influence of smoking Kiraiiku on this risk appeared greater in filter than in non-filter cigarette smokers. (This study was supported by International Development Research Centre; Centre File: 3-A-88-4934)

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Prosthodontic care in the Hong Kong SAR; past, present and the future. A.P. Dias* Faculty of Dentistry, The University of Hong Kong, Hong Kong.

In keeping with the trend in the developed and developing countries, life expectancy at birth in the Hong Kong Special Administrative Region (HKSAR) is increasing and is projected to reach 77.7 for males and 83.0 for females in year 2011, from the present 76.0 and 81.5 for males and females respectively. Also, it is projected that the population over 65 year of age will reach 13% in year 2016, up from the present 10%. The fluoridation of domestic water supplies in 1961 has resulted in a dramatic fall in the incidence of dental caries. These factors combined have been projected to result in an ever increasing elderly population retaining several teeth well into old age. Curative dental care for the general public in the HKSAR still largely rests with the private sector. The Government provides a service only for the civil servants, their dependants and Government pensioners. At present the dentist to population ratio is 1:3655. Until about 5 years ago, dental 'services', especially prosthodontics, was also provided by unregistered dentists in the 'Kowloon walled city', a lawless, no man's land. In addition, similar dentists across the border in Guangdong also provide mainly a 'prosthodontic service'. The walled city is no more but the cross-border service still continues. About 50% of registered dentists in HK are graduates of the Faculty of Dentistry, University of HK. Until now, their prosthodontic training has been along the traditional lines of fixed and removable prosthodontics taught as separate entities. This no doubt would have been reflected in the service provided to the public. This year, the teaching of fixed and removable prosthodontics including implantology, was integrated into a comprehensive Oral Rehabilitation course. Training will be directed towards restoring the edentulous space, rather than teaching fixed bridges, removable partial dentures and complete dentures as separate entities. Also, the emphasis in the removable prosthodontic component of the course will move towards extensive partial dentures, and away from the present complete dentures. It is envisaged that in the not too distant future, in keeping with the changing dental needs of the population, even greater emphasis will need to be placed on fixed restorations including implant supported prostheses. Such a training will produce a clinician equipped with the necessary skills to satisfy the prosthodontic demands of the changing population of the HKSAR.

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Maxillofacial Prosthetic rehabilitation after surgery in Nairobi. R.M. JAMES*, M.L. CHINDIA and S.W. GUTHUA - Faculty of Dental Sciences, University of Nairobi.

The primary objective in surgical management of patients is restoration of health and function. Thus, the initial treatment planning should include definite ways of reconstruction and prosthetic rehabilitation. This study was designed to evaluate the range of maxillofacial prosthetic rehabilitation after extensive surgery.

Inpatient records at the University of Nairobi Dental Hospital over a 2½-year period (1996-1998) were examined to determine the range of ablative surgery and rehabilitative procedures performed.

44 patients underwent ablative surgery in the study period. Complete records were available for 38 patients (27 F; 11 M) aged 10-79 years (mean=32.6 yrs). The surgical procedures performed included hemimandibulectomy, marginal mandibular resection, subtotal maxillectomy, excision, sequestrectomy and enucleation due to benign and malignant tumours, infections and cysts. 27(71%) patients did not receive any form of reconstruction or prosthesis. 6(15.8%) patients had bone plating and 5(13.2%) were given obturators.

It is observed that prosthetic rehabilitation of patients undergoing extensive surgery is largely inadequate.

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Provision of Complete and Partial Dentures at the Faculty of Dental Sciences, University of Nairobi; An Audit. B.I. OMONDI* - University of Nairobi.

Clinical audit is the process by which clinicians collectively review, evaluate and improve their practice. The purpose of this audit is to provide a basis for comparison in subsequent audit analysis, and a basis for which the quality and effectiveness of treatment can be assessed.

Clinical records of the patients seen by students in the prosthetic clinic at the Faculty of Dental Sciences, University of Nairobi over the period 1993 to 1997 were examined.

Available data indicate that 817 patients attended the students clinic. Of these, 602 were provided with complete upper and lower dentures, 18 were given single complete dentures, 186 had acrylic partial dentures and 11 were given chrome-cobalt partial dentures. The M:F ratio was 1:1.2. Information pertaining to the quality and effectiveness of the dentures was lacking.

It is suggested that improvements need to be made in obtaining and storing comprehensive patient records.

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Assessment of information transfer by means of Dental Laboratory Vouchers. L.C. CARNEIRO*, Assistant Dental Officer's Training School, Muhimbili Medical Centre, Tanzania.

This study aims at assessing the completeness of information transfer by operators by means of Dental Laboratory Vouchers with regard to Prosthetic Appliances requested for.

Information was gathered by analyzing 469 available dental laboratory vouchers for their completeness in instructive quality. If specifications required on vouchers were not indicated the vouchers were regarded as incomplete. Epi Info system version 6 was used for analysis.

All 469 analyzed vouchers had specifications of date of work authorization, name of operator, designation and appliance requested for clearly stated. Patient particulars were adequately specified in 40.1% of the vouchers. Other specifications like circling of relevant teeth required, shade of teeth, clasps and designs were not indicated in majority of vouchers. Appointment dates for secondary impression, bite-registration, try-in and fitting were indicated in 6.8%, 9.4%, 6.2% and 26% of all vouchers respectively.

Appliances made by Dental Technicians do not utilize the information prescribed in Dental Laboratory Vouchers and hence appliances made are stereo-typed and operators are irresponsible by not providing adequate information.

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Indirect Composite Veneer Technique in the Management of Dental Fluorosis. R.N. NG'ANG'A*, J.M. WAKIAGA; A.M. MULEWA and J. VALDERHAUG - University of Nairobi Dental Hospital.

Dental fluorosis is endemic in the East African region. In Kenya upto 30% of the population may be affected. Management of dental fluorosis from an aesthetic point of view is usually hampered by the high cost of conventional techniques such as use of dental porcelain.

Clinical observations were made on the use of composite veneers to improve aesthetics to anterior teeth. Twenty patients with severe fluorosis (TF 5-9) were included in the study. Reduction of the affected surface(s) was done by removing 1-2mm of enamel by conventional techniques. Veneers were prepared in the laboratory using a composite material (Artglass; Kulser; Herculite XRV; Kerr) with polymerization carried out in a Ventura light cure chamber. Cementation of the veneers was done using a composite luting cement (Variolink, Vivadent). Follow up of the patients was done at 3, 6 and 18 months.

Photographs were taken before preparation at every recall visit. A simple 4 point criteria was used to score for; marginal integrity; contour; shade; gloss and gingival health status. Based on these criteria, the results in all cases were judged to be acceptable.

It is concluded that composite veneers can offer an alternative to the conventional management of severe dental fluorosis.

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PRACTICE AND ATTITUDES AMONG KAMPALA DENTISTS TOWARDS THE CONTINUED USE OF SILVER AMALGAM FILLINGS. L.M. MUNAZI*, MAKERERE UNIVERSITY.

Silver amalgam as a filling material continues to enjoy wide usage in dentistry despite the controversy over its safety.

A cross sectional study was conducted with an aim of assessing the practice and attitudes of Uganda dentists towards its continued use. The study involved 50 randomly selected dental surgeons practising in both Government and Private clinics in Kampala. A pre-designed standard questionnaire was administered to the dental surgeons. The results revealed that all the dentists (100%) continue using silver amalgam as the first material of choice. It was also found that amalgam is easily available and affordable. None of the dental surgeons in the study reported having ever encountered any of the toxic effects associated with the use of amalgam filling materials. The study also revealed that training background and seniority in service did not influence the continued use of this material by the dental surgeons.

CONCLUSION: Silver amalgam will continue to be a favourable material despite the fact that a few countries have discontinued its use.