

RETROSPECTIVE ANALYSIS OF INCIDENCE OF DENTAL CARIES IN ANTERIOR TEETH BETWEEN DIABETIC AND NON DIABETIC PATIENTS

¹Srinisha M, ^{2*}Anjaneyulu K

Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai - 600077. Email: 151701028.sdc@saveetha.com

^{2}Reader, Department of Conservative Dentistry and Endodontics, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai - 600077. Email: Kanjaneyulu.sdc@saveetha.com*

ABSTRACT:

Introduction: Diabetes mellitus (DM) is a common chronic metabolic disorder which affects millions of people. Oral cavity and contiguous structures can be dramatically affected by diabetes. However, there is a lack of consensus among researchers regarding the relationship between DM and dental caries. Hence, the present study was carried out to assess the anterior teeth caries prevalence among diabetic and nondiabetic adults.

Materials and methods: It is a retrospective, cross sectional study conducted among patients visiting a University dental hospital in Chennai. Microsoft Excel was used for tabulation of the parameters and then the data was exported to the SPSS software version 20.0. Descriptive statistics and relation between variables was determined using the chi square test, where $p < 0.05$ was considered statistically significant.

Results: In the present study, The most common age group was 28-37 years (33.9%) . The most common gender was found to be male (64.0%). Most of the patients were non diabetic (71.8%) . Most of the patients had caries in both anterior and posterior teeth (33.9%). Majority of the non-diabetic patients had caries in anterior teeth (26.6%) whereas diabetic patients had dental caries in both anterior and posterior teeth (28.2%).

Conclusion: Within the limits of the study, Majority of the non-diabetic patients had caries in anterior teeth whereas diabetic patients had dental caries in both anterior and posterior teeth .

Keywords: anterior teeth, diabetes, anterior dental caries, innovative technique

INTRODUCTION:

The impact of oral health on general health and well-being is well documented (1). Poor oral health can cause considerable pain and suffering, dietary restrictions, poorer quality of life, aesthetic dissatisfaction, social stigma due to oral disease (2), and reduction in social engagement (1).

Beyond the individual, poor oral health contributes to several social ills, including loss of productivity (3) , inappropriate use of emergency departments (4) , inability of military forces to deploy (5), and underemployment and unemployment (3,6) . Poor oral health may also reduce participation in the workforce due to poor appearance and low self-esteem (7–11) . This

reduction in workforce participation, especially if long term, may be a signal of low productivity and deteriorated skills (12) .

Few studies have examined the impact of dental health on employment. One study found 26 percent of the employed population lost time from work due to dental problems (13). Physical appearance influences social interaction (2,11) . The mouth and teeth are important elements in appraising a person's physical appearance, a key signaling of someone's qualities and productivity (2,11,12).

The oral cavity structure can be affected by diabetes, which may result in several complications including dental caries, periodontal disease, oral mucosal diseases, and saliva dysfunction that have a significant effect on the quality of life of diabetic patients. Also, untreated oral diseases may increase the risk of poor metabolic control (14) . The relationship between diabetes and dental caries has received the attention of researchers because both of the diseases are associated with carbohydrates. The insulin deficiency in diabetes may lead to hyposalivation and elevated salivary glucose levels, which may put diabetic patients at a high risk of caries development (15) .

The aim of the study is to determine the incidence of dental caries in posterior teeth between diabetic and non diabetic patients. Our team has extensive knowledge and research experience that has translate into high quality publications(16–25),(26–29),(30–34),(35)

MATERIALS AND METHODS:

The present study is a retrospective study. This study was approved by the institutional ethnic board.

Data Collection

A single calibrated examiner evaluated the digital case records of patients who reported to Saveetha Dental College from June 2019 to March 2021. For the present study, inclusion criteria was data of patients with dental caries .

Inclusion criteria:

- Patients with dental caries
- Patients who are diabetic or non diabetic

Exclusion criteria:

- Patient with no dental caries
- Incomplete data

The retrospective study was carried out with the help of digital case records of 1114 patients who reported to the hospital. Ethical clearance to conduct this study was obtained from the Scientific Review Board of the hospital.

Data analysis

The collected data was tabulated and analysed with Statistical Package for Social Sciences for Windows, version 20.0 (SPSS Inc., Vancouver style) and results were obtained. Categorical variables were expressed in frequency and percentage. Chi square test was used to test association between categorical variables. Chi square tests were carried out using age, gender as *independent variables* and diabetes and location of caries as *dependent variables*. The statistical analysis was done by Pearson chi square test. P value < 0.05 was considered statistically significant.

RESULTS:

In the present study, The most common age group was 28-37 years (33.9%) (**Figure 1**). The most common gender was found to be male (64.0%) (**Figure 2**). Most of the patients were non diabetic (71.8%) (**Figure 3**). Most of the patients had caries in both anterior and posterior teeth (33.9%)(**Figure 4**). Majority of the non diabetic patients had caries in anterior teeth (26.6%) whereas diabetic patients had dental caries in both anterior and posterior teeth (28.2%) (**Figure 5**).

DISCUSSION:

Diabetes mellitus (DM) is a chronic metabolic disease characterized by hyperglycemia due to either a deficiency of insulin secretion or resistance to the action of insulin or both (36,37). Chronic hyperglycemia leads to different complications in various regions of the body including the oral cavity, so blood glucose control is very critical (14). The oral manifestations and complications related to DM include dry mouth (xerostomia), tooth decay (including root caries), periapical lesions, gingivitis, periodontal disease, oral candidiasis, burning mouth (especially glossodynia), altered taste, geographic tongue, coated and fissured tongue, oral lichen planus (OLP), recurrent aphthous stomatitis, increased tendency to infections, and defective wound healing (14,15,36–40). The intensity of diabetic complications is usually proportional to the degree and duration of hyperglycemia (15).

In the present study, The most common age group was 28-37 years (33.9%) (figure 1). The most common gender was found to be male (64.0%) (figure 2). Nowadays, young people are found to be more affected by dental caries due to maintaining poor oral hygiene. Male patients were found to be more affected by caries according to a study by Kanjirath (41). Most of the patients were non diabetic (71.8%) (Figure 3). Most of the patients had caries in both anterior and posterior teeth (33.9%)(figure 4).

Majority of the non diabetic patients had caries in posterior teeth (34.5%) whereas diabetic patients had dental caries in both anterior and posterior teeth (28.2%) (figure 5). The prevalence of dental caries was significantly lower among diabetic patients than nondiabetic patients. On the contrary, Several other authors have reported similar findings (41–46) while some authors have reported no difference (47–49) and few have reported low prevalence of dental caries among diabetics (50,51).

It must be emphasized that the results of this study may not be directly comparable with the results of others. This is due to many differences such as the population size and selection criteria for diabetic and nondiabetic groups. Because this was a hospital-based study, the results may not be generalized which suggests a larger scale, community level research in this field.

CONCLUSION:

Within the limits of the study, Majority of the non diabetic patients had caries in anterior teeth whereas diabetic patients had dental caries in both anterior and posterior teeth . This study aims in determining the incidence of dental caries in anterior teeth among diabetic patients and also to create awareness on diabetes as a cause for various oral hygiene disorders.

Acknowledgements:

This research was done under the supervision of the Department of Aesthetic dentistry , Saveetha dental College and Hospital. We sincerely show gratitude to the corresponding guide who provided insight and expertise that greatly assisted the research.

Conflict Of Interest:

There was no potential conflict of interest.

Source of Funding:

The present study is funded by the following

- Saveetha Institute of Medical and Technical Sciences
- Saveetha Dental College and Hospitals
- Saveetha University
- Kumaran TV centre and furniture, Attur,Salem

REFERENCE:

- Department of Health and Human Services US. Oral health in America: a report of the Surgeon General. J Calif Dent Assoc. 2000 Sep;28(9):685–95.
- Newton JT, Prabhu N, Robinson PG. The impact of dental appearance on the appraisal of personal characteristics. Int J Prosthodont. 2003 Jul;16(4):429–34.
- Glick M, Williams DM, Kleinman DV, Vujicic M, Watt RG, Weyant RJ. A new definition for oral health developed by the FDI World Dental Federation opens the door to a universal definition of oral health. J Public Health Dent. 2017 Dec;77(1):3–5.
- Davis EE, Deinard AS, Maïga EWH. Doctor, my tooth hurts: the costs of incomplete dental care in the emergency room. J Public Health Dent. 2010 Summer;70(3):205–10.
- Bray RM, Pemberton MR, Hourani LL, Witt M. Department of Defense survey of health related behaviors among active duty military personnel. 2009; Available from: <https://apps.dtic.mil/sti/citations/ADA527178>

- Kurth NK, Hall JP. Feeling Good About Your Smile: Implementation and Evaluation of an Oral Health Intervention for People With Intellectual Disability. *Inclusion*. 2019 Sep 1;7(3):169–76.
- Reisine ST. Dental health and public policy: the social impact of dental disease. *Am J Public Health*. 1985 Jan;75(1):27–30.
- Sheiham A, Cushing AM, Maizels J. The social impacts of dental disease. Measuring oral health and quality of life. 1997;47–56.
- Bedos C, Levine A, Brodeur J-M. How people on social assistance perceive, experience, and improve oral health. *J Dent Res*. 2009 Jul;88(7):653–7.
- Bond S, Others. Public dental care and the Teeth First trial: a history of decay. 2010; Available from: <http://library.bsl.org.au/jspui/handle/1/6148>
- Afroz S, Rathi S, Rajput G, Rahman SA. Dental esthetics and its impact on psycho-social well-being and dental self confidence: a campus based survey of north Indian university students. *J Indian Prosthodont Soc*. 2013 Dec;13(4):455–60.
- Bonoli G, Leichti F. Job market signalling, labour market disadvantage and activation. In: XII Annual ESPAnet Conference [Internet]. sofi.su.se; 2014. Available from: https://www.sofi.su.se/polopoly_fs/1.206676.1413211163!/menu/standard/file/bonoli_liechtifinal.pdf
- Reisine S, Miller J. A longitudinal study of work loss related to dental diseases. *Soc Sci Med*. 1985;21(12):1309–14.
- Leite RS, Marlow NM, Fernandes JK, Hermayer K. Oral health and type 2 diabetes. *Am J Med Sci*. 2013 Apr;345(4):271–3.
- Malvania EA, Sheth SA, Sharma AS, Mansuri S, Shaikh F, Sahani S. Dental caries prevalence among type II diabetic and nondiabetic adults attending a hospital. *J Int Soc Prev Community Dent*. 2016 Dec;6(Suppl 3):S232–6.
- Muthukrishnan L. Imminent antimicrobial bioink deploying cellulose, alginate, EPS and synthetic polymers for 3D bioprinting of tissue constructs. *Carbohydr Polym*. 2021 May 15;260:117774.
- PradeepKumar AR, Shemesh H, Nivedhitha MS, Hashir MMJ, Arockiam S, Uma Maheswari TN, et al. Diagnosis of Vertical Root Fractures by Cone-beam Computed Tomography in Root-filled Teeth with Confirmation by Direct Visualization: A Systematic Review and Meta-Analysis. *J Endod*. 2021 Aug;47(8):1198–214.
- Chakraborty T, Jamal RF, Battineni G, Teja KV, Marto CM, Spagnuolo G. A Review of Prolonged Post-COVID-19 Symptoms and Their Implications on Dental Management. *Int J Environ Res Public Health* [Internet]. 2021 May 12;18(10). Available from: <http://dx.doi.org/10.3390/ijerph18105131>
- Muthukrishnan L. Nanotechnology for cleaner leather production: a review. *Environ Chem Lett*. 2021 Jun 1;19(3):2527–49.
- Teja KV, Ramesh S. Is a filled lateral canal - A sign of superiority? *J Dent Sci*. 2020 Dec;15(4):562–3.
- Narendran K, Jayalakshmi, Ms N, Sarvanan A, Ganesan S A, Sukumar E. Synthesis,

- characterization, free radical scavenging and cytotoxic activities of phenylvilangin, a substituted dimer of embelin. *ijps* [Internet]. 2020;82(5). Available from: <https://www.ijpsonline.com/articles/synthesis-characterization-free-radical-scavenging-and-cytotoxic-activities-of-phenylvilangin-a-substituted-dimer-of-embelin-4041.html>
- Reddy P, Krithikadatta J, Srinivasan V, Raghu S, Velumurugan N. Dental Caries Profile and Associated Risk Factors Among Adolescent School Children in an Urban South-Indian City. *Oral Health Prev Dent*. 2020 Apr 1;18(1):379–86.
 - Sawant K, Pawar AM, Banga KS, Machado R, Karobari MI, Marya A, et al. Dentinal Microcracks after Root Canal Instrumentation Using Instruments Manufactured with Different NiTi Alloys and the SAF System: A Systematic Review. *NATO Adv Sci Inst Ser E Appl Sci*. 2021 May 28;11(11):4984.
 - Bhavikatti SK, Karobari MI, Zainuddin SLA, Marya A, Nadaf SJ, Sawant VJ, et al. Investigating the Antioxidant and Cytocompatibility of *Mimusops elengi* Linn Extract over Human Gingival Fibroblast Cells. *Int J Environ Res Public Health* [Internet]. 2021 Jul 4;18(13). Available from: <http://dx.doi.org/10.3390/ijerph18137162>
 - Karobari MI, Basheer SN, Sayed FR, Shaikh S, Agwan MAS, Marya A, et al. An In Vitro Stereomicroscopic Evaluation of Bioactivity between Neo MTA Plus, Pro Root MTA, BIODENTINE & Glass Ionomer Cement Using Dye Penetration Method. *Materials* [Internet]. 2021 Jun 8;14(12). Available from: <http://dx.doi.org/10.3390/ma14123159>
 - Rohit Singh T, Ezhilarasan D. Ethanolic Extract of *Lagerstroemia Speciosa* (L.) Pers., Induces Apoptosis and Cell Cycle Arrest in HepG2 Cells. *Nutr Cancer*. 2020;72(1):146–56.
 - Ezhilarasan D. MicroRNA interplay between hepatic stellate cell quiescence and activation. *Eur J Pharmacol*. 2020 Oct 15;885:173507.
 - Romera A, Peredpaya S, Shparyk Y, Bondarenko I, Mendonça Bariani G, Abdalla KC, et al. Bevacizumab biosimilar BEVZ92 versus reference bevacizumab in combination with FOLFOX or FOLFIRI as first-line treatment for metastatic colorectal cancer: a multicentre, open-label, randomised controlled trial. *Lancet Gastroenterol Hepatol*. 2018 Dec;3(12):845–55.
 - Raj R K, D E, S R. β -Sitosterol-assisted silver nanoparticles activates Nrf2 and triggers mitochondrial apoptosis via oxidative stress in human hepatocellular cancer cell line. *J Biomed Mater Res A*. 2020 Sep;108(9):1899–908.
 - Vijayashree Priyadharsini J. In silico validation of the non-antibiotic drugs acetaminophen and ibuprofen as antibacterial agents against red complex pathogens. *J Periodontol*. 2019 Dec;90(12):1441–8.
 - Priyadharsini JV, Vijayashree Priyadharsini J, Smiline Girija AS, Paramasivam A. In silico analysis of virulence genes in an emerging dental pathogen *A. baumannii* and related species [Internet]. Vol. 94, *Archives of Oral Biology*. 2018. p. 93–8. Available from: <http://dx.doi.org/10.1016/j.archoralbio.2018.07.001>
 - Uma Maheswari TN, Nivedhitha MS, Ramani P. Expression profile of salivary micro RNA-21 and 31 in oral potentially malignant disorders. *Braz Oral Res*. 2020 Feb 10;34:e002.

- Gudipani RK, Alam MK, Patil SR, Karobari MI. Measurement of the Maximum Occlusal Bite Force and its Relation to the Caries Spectrum of First Permanent Molars in Early Permanent Dentition. *J Clin Pediatr Dent.* 2020 Dec 1;44(6):423–8.
- Chaturvedula BB, Muthukrishnan A, Bhuvaraghan A, Sandler J, Thiruvengkatachari B. Dens invaginatus: a review and orthodontic implications. *Br Dent J.* 2021 Mar;230(6):345–50.
- Kanniah P, Radhamani J, Chelliah P, Muthusamy N, Joshua Jebasingh Sathiya Balasingh E, Reeta Thangapandi J, et al. Green synthesis of multifaceted silver nanoparticles using the flower extract of *Aerva lanata* and evaluation of its biological and environmental applications. *ChemistrySelect.* 2020 Feb 21;5(7):2322–31.
- Badran M, Laher I. Type II Diabetes Mellitus in Arabic-Speaking Countries. *Int J Endocrinol.* 2012 Jul 18;2012:902873.
- Brahmkshatriya PP, Mehta AA, Saboo BD, Goyal RK. Characteristics and Prevalence of Latent Autoimmune Diabetes in Adults (LADA). *ISRN Pharmacol.* 2012 Apr 8;2012:580202.
- Bretas LP, Rocha ME, Vieira MS, Rodrigues ACP. Flow Rate and Buffering Capacity of the Saliva as Indicators of the Susceptibility to Caries Disease. *Pesqui Bras Odontopediatria Clin Integr.* 2009 Apr 24;8(3):289–93.
- Preethi BP, Reshma D, Anand P. Evaluation of flow rate, pH, buffering capacity, calcium, total proteins and total antioxidant capacity levels of saliva in caries free and caries active children: An in vivo study. *Indian J Clin Biochem.* 2010 Oct;25(4):425–8.
- Dowd FJ. Saliva and dental caries. *Dent Clin North Am.* 1999 Oct;43(4):579–97.
- Kanjirath PP, Kim SE, Inglehart MR. Diabetes and oral health: the importance of oral health--related behavior. *American Dental Hygienists' Association.* 2011;85(4):264–72.
- Singh A, Thomas S, Dagli R, Katti R, Solanki J, Bhateja GA. To Access the Effects of Salivary Factors on Dental Caries among Diabetic Patients and Non Diabetic Patients in Jodhpur City. *Journal of Advanced Oral Research.* 2014 May 1;5(2):10–4.
- Pearce EIF, Dong Y-M, Yue L, Gao X-J, Purdie GL, Wang J-D. Plaque minerals in the prediction of caries activity. *Community Dent Oral Epidemiol.* 2002 Feb;30(1):61–9.
- Cao X, Wang D, Zhou J, Yuan H, Chen Z. Relationship between dental caries and metabolic syndrome among 13 998 middle-aged urban Chinese. *J Diabetes.* 2017 Apr;9(4):378–85.
- Seethalakshmi C, Reddy RCJ, Asifa N, Prabhu S. Correlation of Salivary pH, Incidence of Dental Caries and Periodontal Status in Diabetes Mellitus Patients: A Cross-sectional Study. *J Clin Diagn Res.* 2016 Mar;10(3):ZC12–4.
- Kampoo K, Teanpaisan R, Ledder RG, McBain AJ. Oral bacterial communities in individuals with type 2 diabetes who live in southern Thailand. *Appl Environ Microbiol.* 2014 Jan;80(2):662–71.
- Hintao J, Teanpaisan R, Chongsuvivatwong V, Dahlen G, Rattarasarn C. Root surface and coronal caries in adults with type 2 diabetes mellitus. *Community Dent Oral Epidemiol.* 2007 Aug;35(4):302–9.
- Ribeiro LSF, Santos JN, Vieira CLZ, Caramelli B, Ramalho LMP, Cury PR. Association of dental infections with systemic diseases in Brazilian Native Indigenous: a cross-sectional

study. *J Am Soc Hypertens.* 2016 May;10(5):413–9.

- Kogawa EM, Grisi DC, Falcão DP, Amorim IA, Rezende TMB, da Silva ICR, et al. Impact of glycemic control on oral health status in type 2 diabetes individuals and its association with salivary and plasma levels of chromogranin A. *Arch Oral Biol.* 2016 Feb;62:10–9.
- Bissong M, Azodo CC, Agbor MA, Nkuo-Akenji T, Fon PN. Oral health status of diabetes mellitus patients in Southwest Cameroon. *Odontostomatol Trop.* 2015 Jun;38(150):49–57.
- Gupta VK, Malhotra S, Sharma V, Hiremath SS. The Influence of Insulin Dependent Diabetes Mellitus on Dental Caries and Salivary Flow. *Int J Chron Obstruct Pulmon Dis.* 2014 Oct 14;2014:790898.

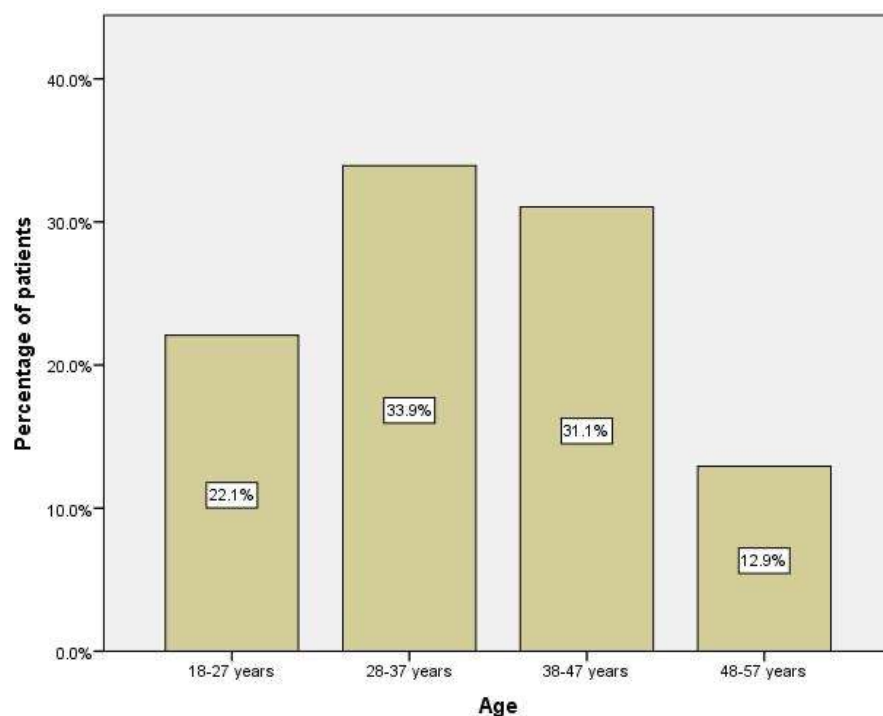


Figure 1: Depicts the age group of patients with dental caries . The X axis depicts the age and Y axis as the percentage of patients. The most common age group was 28-37 years (33.9%).

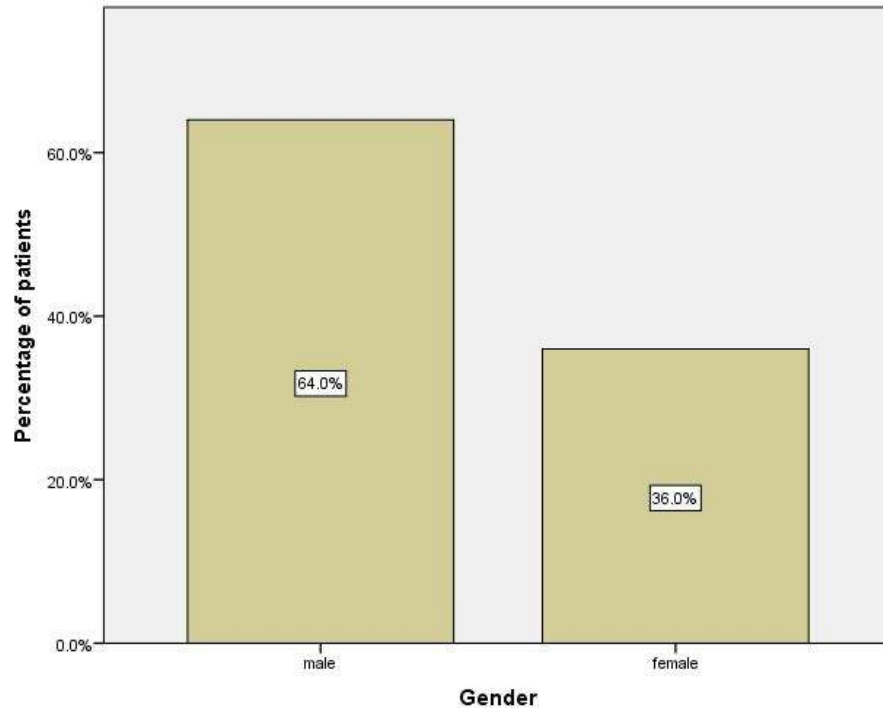


Figure 2 :Depicts the gender of patients with dental caries . The X axis depicts the gender and Y axis as the percentage of patients. The most common gender was male (64.0%).

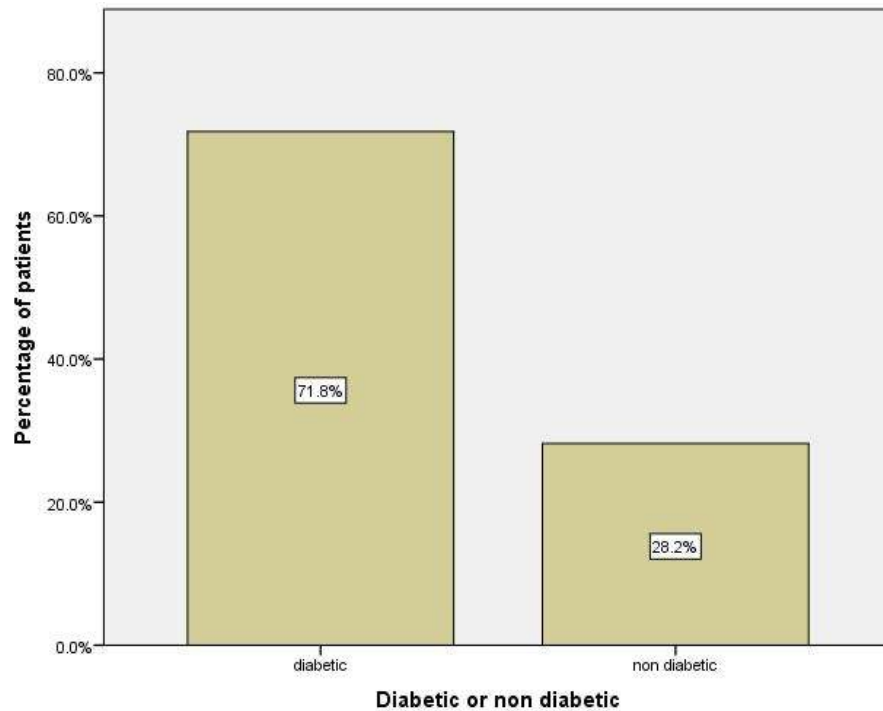


Figure 3:Depicts the diabetic or non diabetic status of patients with dental caries . The X axis depicts whether the patient is diabetic or non diabetic and Y axis as the percentage of patients. Most of the patients were non diabetic (71.8%).

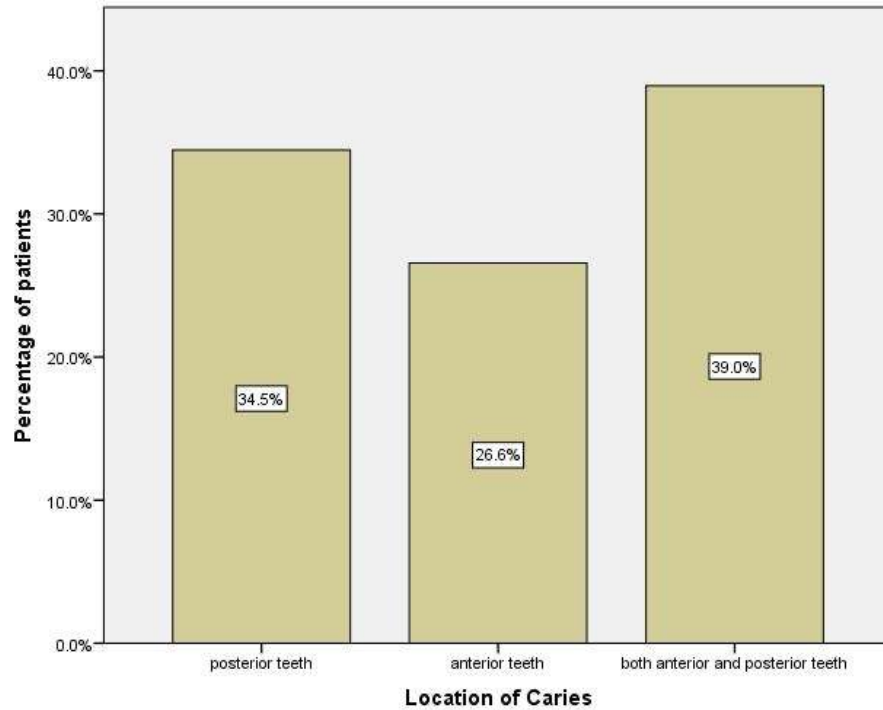


Figure 4: Depicts the location of the dental caries of patients. The X axis depicts the location of the dental caries and Y axis as the percentage of patients. Most of the patients had caries in both anterior and posterior teeth (33.9%).

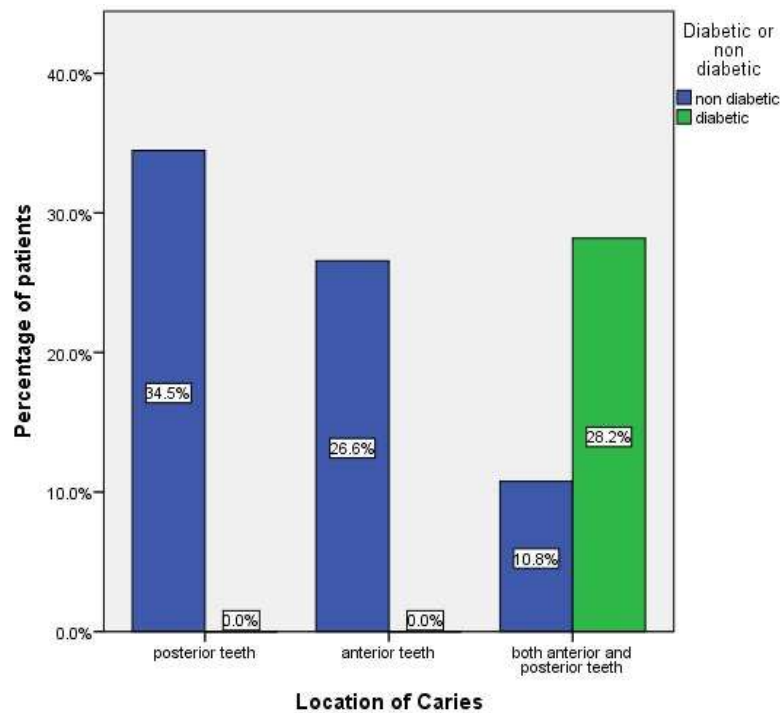


Figure 5: Shows the association between location of caries and whether the patient is diabetic or non diabetic. The X axis represents the location of dental caries and Y axis the percentage of patients. Blue bar denotes necrotising sialometaplasia, green denotes sialadenitis and

brown denotes sialolith . Majority of the non diabetic patients had caries in anterior teeth (26.6%) whereas diabetic patients had dental caries in both anterior and posterior teeth (28.2%). However, there was a significant difference between location of dental caries and whether the patient is diabetic or non diabetic . Pearson Chi square test, $p=0.000$ ($p<0.05$, statistically significant).