

ORIGINAL ARTICLE

Outbreak of Aggressive Periodontitis among Female Students in the City of Zahedan®

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ABSTRACT

Aggressive periodontitis is a destructive periodontal disease affecting first molars and / or incisors in young adults. The disease characterized by rapid bone destruction which is not in accordance with quantity of bacterial plaque. The purpose of the present study was to determine the prevalence of aggressive periodontitis among 15 -18 years old female students in Zahedan high schools. In this cross sectional study, 660 students were selected from all educational areas of Zahedan during 2008-2009 based on systemic clustered random sampling. Probing pocket depth on 6 areas of incisors and first molars were examined in each subject. Students with pocket depth equal to or more than 4 mm on more than one tooth were referred to Zahedan Dental School for radiographic examination. For cases in which the distance between the crest of interdental septum and CEJ were equal to or more than 2 mm, full clinical and radiographic examinations were performed. Among the subjects of, study only 1 full filled the diagnostic criteria of localized aggressive periodontitis. Nobody was diagnosed with generalized aggressive periodontitis. The prevalence of aggressive periodontitis among mentioned patients were (0-0/3%). Localized aggressive periodontitis is an early-onset of periodontitis and the prevalence of localized aggressive periodontitis in this study corresponds to other studies in general. Further studies recommended for clarifying the causes of disease and evaluation of younger children. For determination of total prevalence in Zahedan, similar studies in school boys are recommended.

Keywords: Zahedan, Prevalence, Localized aggressive periodontitis, Adolescent

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INTRODUCTION

Aggressive periodontitis in the past was called early onset periodontitis is a periodontal destruction in their teens or early adulthood occurs clinically [1].

Baer, in 1971, to be defined as aggressive periodontitis. Inflammation, as well as other tissues to periodontal disease spreads divided by age, progression of disease damage is done [2].

Loe and Brownj in 1991 outbreak in the United States of America were the subjects in this study were aged 17-5 years 87-1986 were selected according to the results of this study, the highest rates of periodontal disease in patients aged 17 - prevalence of localized aggressive periodontitis and 14 years seen in generalized aggressive aged respectively 13% and 61% / 1% is reported that the Loe disease in blacks than whites is corps plus disease is associated with socioeconomic status [3].

Apiovj and colleagues (1990) examined the prevalence of aggressive periodontitis in France study of 1600 patients with aggressive periodontitis patients were only 3% reported 187% prevalence of the disease [4]. Perryda and Newman, the outbreaks were reported in less than 1% [5]. In a study entitled Albander aggressive periodontitis progression model and its relationship to clinical parameters of periodontal conducted a study on 520 high school students (260 girls and 242 boys) were performed in 1992. After clinical and radiographic vertical bone loss than those with 2 or more than 2 mm³ in the

proximal surface of the first molar, was diagnosed with aggressive periodontitis student's results showed that 9% 8/1 with aggressive periodontitis were the ratio of girls to boys 51/3 and the incidence of localized half times were generalized form [6]. Lopez Nj and colleagues (1991) examined the prevalence youth in Santiago. Prevalence of aggressive periodontitis, 32/0% was reported with 95% confidence [7]. In 1999, a study was conducted by Funosas and colleagues. The study was conducted at the International School Rasario. This study examined the prevalence of aggressive periodontitis over 652 cases were reported in less than 1% [8].

In 2005, a study by Sadeghi and Samyari as aggressive periodontitis prevalence in 18-15 year old high school girl students in Tehran. The study was conducted on 2,870 female students. After clinical examination and radiographs (bitewing and periapical the molars from incisors) and completing the questionnaires, the results were as follows. LAP was observed in only 4 patients, diagnostic criteria and the patients were in the middle of the economic situation in the group. Diploma under the education level of parents. There were no patients with generalized aggressive periodontitis characteristics and prevalence of LAP 14/0% was reported [9].

Amid et Tabriz localized aggressive periodontitis prevalence in a study with students 14-16 years old conducted in 2004 in Tabriz. The study was conducted on 1482 students. Examinations were performed in two stages was measured on bitewing radiographs of patients suffering from the incisors and molars, periapical radiographs were taken outbreak 6/0% female / 45% 0% overall and 5/0, respectively[10].

MATERIALS AND METHODS

This cross-sectional study that systematically sampled randomly from all school districts in 2009 was conducted in Zahedan. The questionnaire included questions about the characteristics of students, a toothbrush and dental floss, parent education, social status, and occupation of parents was to assess the economic situation.

Firstly the school health room was using a flashlight and mirror disposable Pushing the lips and cheeks, probing pocket depth or distance from the gingival margin to the site of the first molars in 6-point Probe Williams mm 1 accurately measured.

(If more than CEJ or coronal gingival margin apical to the CEJ level than it would have been enough.)

In the first stage, second stage, selected patients who were referred to the Department with written consent from their parents, were evaluated radiographically. Bitewing radiography in the order of first molars and PA radiographic technique was developed parallel to the anterior teeth. CEJ distance to the edge of the interdental bone was measured using the RVG. Full clinical examination of the sinless and Loe plaque index criteria for moderate to severe low Simplified oral hygiene mass index, gingival index, based on criteria for good and bad Loes, silnes as mild, moderate and severe, and the pocket depth was Movers and there are localized areas of bone disease, immune deficiency and systemic diseases affecting the Peru Gzymaly decay, an open proximal contacts, paragraph orthodontics, crowns, occlusal disharmony and a plaque and gingivitis more The second mass index greater than 8/1 in teeth that have examined the bone are removed from the patient were studied. There is no any gzymal at least 3 permanent teeth and the first molars had an additional diagnosis of bone loss is generalized abrasive periolontits [9, 10].

RESULTS

Preliminary examinations in all subjects examined in depth probe 4 of 7mm or greater, the clinical and radiographic examination more people to college, recalled, Shdnddradiographswere4 peoplein2patients,nobonethere was also an envelope and a high index of bone restoration caused by plaque, calculus and gingivitis and chronic periodontitis were on the two detection criteria LAP was observed in only one patient.

The patient group was in the middle of the economic situation and education level of parents was also the associate. The patientwasonly2times a day brushing and flossing cannot be used, no patient with generalized aggressive Profile (GAP) was observed. Compared to engage the teeth of the most common dental probing depthof4 mm were the first permanent molars.

Accordingly LAP prevalence in girls 15-18 years old from95% in Zahedan (0-3 /0%), respectively.

DISCUSSION

Little information about the prevalence of aggressive periodontitis in a province there was collected by now. In our study, the prevalence of students of Zahedan was estimated at 3/0% respectively.

Periodontal disease is a form of aggressive periodontitis with severe tissue destruction process of developing the most common age of onset is 18-15 years. Since the sample of schools was selected to reach the upper limit was set at 18 years of age.

Ntalat several different screening methods have used different criteria for diagnosis and classification of aggressive periodontitis.

Tinoca *et al* used a 2-stage procedure. Inter proximal areas where the depth to the top of the probe and probe further into the proximal surfaces of first molars mm 5 had been identified. The latter group, the complex clinical and radiographic examinations were all teeth using this method, Tinoco *et al* localized aggressive periodontitis prevalence among persons 13 to 19 years with low economic status 1/0 to 1/1 reported [12].

Radiographic screening method used Gjermo *et al*. With the outbreak of two bitewing radiographs at LAP 15-year-old students in areas of low socioeconomic status in Belo Horizonte, % 6/2 reported [13].

Albander *et al*, using a two-step method for the spread of disease among the population of 13 years of high-school students to study. Disease in people with socioeconomic status - Down in Sao Paulo 3/1% was reported [14].

A general survey of the prevalence of aggressive periodontitis in the United States, 4% of the population 13 to 15 years / 0 to 17 years, 16% of students reported in 8/0 reported.

However, the prevalence of LAP in European countries such as Finland, Denmark, Switzerland, the UK and the Netherlands 1/0% has been reported [15].

Sadeghi et Samyari incidence of about 14/0% 15 -18 year old female students demonstrated in Tehran in 2005 [9]. Amid *et al* Tabriz incidence of about 45/0% rejected% 15-18 years old and 6/0 in the 15-18 year-old boys (10) previous studies showed significant differences in terms of race between blacks and whites there. In this study, the prevalence of aggressive periodontitis (0-3/0%) was obtained with the results of the United States (4/0%), Saudi Arabia (42/0%), Santiago (32/0%), Tehran (14/0%) and Tabriz (45/0%) corresponded. Clerehugh *et al* [16] in a 5-year study of 167 adolescents aged 14-19 in the UK; most of the affected teeth were maxillary first molars and central incisors in the lower jaw [16]. In the present study, most of the mandibular first molar analysis showed bone involvement.

Baer noted that the extent of periodontitis plaque and crime in young people with no teeth [17]. In a national survey in the USA sites with gingival bleeding gums and the offense had a higher percentage of AP disease [14]. In this study, the areas affected by AP, a higher percentage of plaque, gingivitis, calculus and gingival inflammation of the gums that are in agreement with other studies.

Albander their study in Uganda suggests that the relationship between socioeconomic status - and there is no outbreak of LAP [18]. But Lopez in Chile and Brazil showed that Gjermo Bavzyt social groups-the lower, the outbreak is over [7, 13]. Sadeghi in Tehran and Tabriz, the AP reported that the prevalence of the disease in patients with socioeconomic status -is down more. [9, 10] in relation to the assessment of the economic situation in the present outbreak, it was found that patients with moderate to low in terms of the economic community are located.

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