

28th Annual

American Dentistry Congress

March 20-22, 2017 Orlando, USA

Analysis of direct costing of odontogenic infections in a level I and II hospital

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The costing of treatment for orofacial infections originated in infectious dental processes is increased once spread, to form abscess and cellulitis; especially in patients belonging to the low income socioeconomic status, as stated in literature reports. These costing can be decreased only if the professional in charge focuses on the treatment to determine the severity the infection and the assessment of the host's immune system status in order to avoid complications that might lead to intrahospital treatment. Therefore, a descriptive retrospective analytic study was performed in 303 clinical records from patients with diagnosis related to orofacial infection of dental origin (IOFOD), with the purpose to estimate the cost for the intrahospital treatment in a level I and II institutions in the city of Armenia- Quindío, Colombia in 2013. This study does not discriminate between age and gender. The sample was 192 patients corresponding to the total of registered patients in the data base with diagnosis criteria related to IOFOD, in which the clinical records followed the inclusion criteria for outpatient consultation and/or emergency consultation. The cost analysis was concentrated on 21.28% of cases that required intrahospital treatment. The most frequent diagnosis was: Abscess with and without fistula and cellulitis costing a total of \$31.413.536, 64 COP to the health system (subsidiary regime). The cost overrun was 81.57% equivalent to \$ 25.624.131, 06 COP due to complications that could have been avoided in the dental out-patient screening and the primary prevention programs.

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Surgical Complexity Classification Index (SCCI): A new classification system structured and validated to predict difficulty of impacted lower third molar surgery

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The aim of the present study was to structure and validate an index of the level of surgical difficulty in the removal of impacted lower third molars. The design of this study followed two steps. In the first, a cross-sectional analysis of patients submitted to at least one surgical removal of a lower third molar was carried out within a four-year period-seeking the structuring of an index-after analysis of demographic radiographic clinical variables. In a second step, a prospective cohort study was performed, involving patients submitted to the same surgical procedures-cross-referencing the level of difficulty determined with the use of the index in the preoperative phase, and the level of difficulty determined in the trans-operative phase-in order to verify the validation of the use of the created index. From a total of 1,033 surgical procedures, 753 were analyzed in the first stage, identifying the most important variables and demonstrating the level of significance of each. The applicability of the index was performed in 280 surgical procedures. In cases with low difficulty, 93.1% were evaluated as low difficulty, according to the index. And in cases with high difficulty, difficulty was registered at a rate of 87.9%, according to the classification of the index. It was possible to structure a measurement index of the level of surgical difficulty in the removal of impacted lower third molars, which proved to be a reliable instrument to predict difficulty, demonstrating high sensitivity, specificity and accuracy.

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