



DETERMINATION OF THE ORAL HYGIENE INDEX IN CHILDREN WITH THE PRESENCE AND ABSENCE OF CARIES

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Objectives

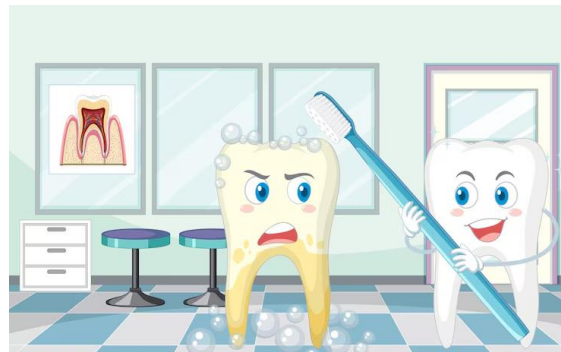
The long-standing experience of many authors in the dental science and profession supports the claim that caries is a multifactorial disease. While poor oral hygiene and sugar intake are key risk factors, the development of caries also depends on the properties of saliva, tooth structure, and microbial activity.



Methods

The study included 74 children aged 4-6 years with and without caries, of which 43 (58.10%) belonged to the experimental group, in which 18 (24.30%) children were female and 25 (33.80%) were male. In the control group, consisting of 31 (41.90%) children, 17 (23.00%) were female and 14 (18.90%) were male.

We used the Greene Vermillion method with an assessment of six surfaces of six teeth representing a representative sample of the entire dentition, the vestibular surface of the upper right first molar, the upper left first molar and the upper right first left first incisor and the lingual surfaces of the lower right and left first molars.



Results

The value of the OHI-S dental plaque index in children from the experimental group for $Z = -3.02$ and $p < 0.01$ ($p = 0.00$) is significantly higher than the value of the OHI-S index in children from the control group.

Conclusions

The etiology of caries is multifactorial and OHI-S alone does not directly determine caries resistance. Patients with poor oral hygiene are more likely to develop dental caries. Poor oral hygiene is one of many factors for the development of caries.

