

Original Research Article

Reasons for Consultation in Odontostomatology at the Fana Reference Health Centre

Samaké, Y^{1*}, Keita, S¹, Traoré, M¹, Camara, N¹, Sylla, C⁴, Keita, S¹, Traoré, S¹, Kanthé, D², Koné, O², Traoré, S³, Sylla, C⁴, Koita, H⁶, Sidibé, S⁵, Touré, A⁵, Ba, B⁶

¹Reference Health Centre in Fana, Mali

²Markala Reference Health Centre, Mali

³National Institute of Public Health, Mali

⁴Gabriel Touré University Hospital, Mali

⁵Health Sciences Training Institute, Mali

⁶University Hospital - National Centre of Odonto-stomatology, Mali

Article History

Received: 22.04.2023

Accepted: 28.05.2023

Published: 30.05.2023

Journal homepage:

<https://www.easpublisher.com>

Quick Response Code



Abstract: The odontostomatology consultation is a medical visit which, according to Hippocrates, involves the following four stages: observation, palpation, percussion and auscultation. The aim was to study the reasons for consultation in Odontostomatology. **Methodology:** Retrospective and descriptive over three months from 1st January to 31 March 2022. **Results:** The age group 15 to 44 years was the most represented, i.e. 72% of cases. The female sex constituted 59%; the household profession was the most represented, i.e. 43% of cases, and the marital status was married (70%) of cases. Dental pain was the most frequent cause of consultation (98%), followed by dental mobility (2%), and self-medication was used by 37% of our patients. Dental caries was the most common diagnosis, accounting for 77.87% of cases. **Conclusion:** Early consultation and appropriate management can prevent the most serious complications of oral diseases.

Keywords: Reason for consultation, Odonto-Stomatology, Csref of Fana.

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I- INTRODUCTION

The odontostomatology consultation is a medical visit which, according to Hippocrates, involves the following four stages: observation, palpation, percussion and auscultation. This medical visit brings together a patient and a practitioner. It is motivated by a symptom understood as a disturbing reason for the state of health of the patient, who for this precise reason requests an interview with this practitioner. This interview will lead to a diagnosis and a treatment plan with a prescription and/or the request for additional tests [1].

The oral cavity is the site of numerous oral pathologies responsible for pain, functional and aesthetic discomfort that may motivate a consultation in an Odonto-stomatology department [2].

Oral diseases are extremely frequent and are considered by the World Health Organisation (WHO) as the fourth global health scourge after cancer, heart disease and AIDS. These conditions, usually benign in nature, can often be grafted to complications with after-

effects that affect the psychomotor development of the child with very serious school and social consequences. These conditions can also be of malignant origin with problems of diagnosis and management in our under-medicalised countries [3].

Oral health clinics are organised in most of the world's university hospitals as part of their public health mission and as part of the training of dental practitioners. These are outpatient departments

In France at the Toulouse University Hospital, E. Prats *et al.*, in 2005 found that the most frequent reasons for consultation were dental check-ups (41%) and pain (20%) [4].

In the DRC, a study carried out by SONGO B F *et al.*, among children aged 1 to 17 years who consulted the dental services of five public and private hospitals in the city of Kinshasa from April 2007 to January 2008 showed that the main reasons for consultation were dental caries and/or its complications (79.0%) [5].

In Mali, a study conducted in 2016 by Berthé D *et al.*, on the reasons for consultations in the odontostomatology department of Kayes hospital found caries and/or its complications (50.12%) as reasons for consultations [2].

II-OBJECTIVES

General objective

- To study the reasons for consultation in Odontostomatology in the Csref of Fana.

Specific Objectives:

- To determine the hospital frequency of reasons for consultation according to socio-demographic characteristics.
- Identify the different types of oral pathologies encountered.
- Determine the mode of treatment.

III-METHODOLOGY

TYPE AND PERIOD OF STUDY: This was a retrospective and descriptive analytical study of the reasons for consultation in odontology at the Csref of Fana over a period of three months (1^{er} January to 31 March 2022).

STUDY SETTING AND PLACE: Our study took place at the Fana Health Centre.

STUDY POPULATION: The study focused on patients attending the dental practice of the Csref in Fana during the study period.

SAMPLING: The sample size was 375 records registered in the Odontology Department of the Csref of Fana from 1^{er} January to 31 March 2022.

INCLUSION CRITERIA: Any patient who consulted during the study period for oral diseases and whose records are well documented.

EXCLUSION CRITERIA: Any patient whose file was not usable.

COLLECTION TECHNIQUES AND TOOLS:

In our study, we used a questionnaire to collect information from consultation registers and patient records.

APPROACH: It is a Qualitative approach

The variables to be studied:

- Socio-demographic variables: age, gender, marital status, occupation, level of education, residence.
- Pathologies: all pathologies encountered during the study period.
- Therapeutic variables: drug prescription, complementary examination, extraction
- History: medical, surgical, family.
- The way of life

Data Collection

The data were collected from the consultation register, survey forms and patient files of the Odontology Department of the Fana Csref.

Data entry and analysis

Data were entered into Microsoft Excel 2013 and analysed using EPI info software version 7.2.2.6 French and English.

Ethical consideration

Anonymity and confidentiality of patient information was observed.

IV THE RESULTS

375 files were collected.

Socio-demographic characteristics

Table I: Distribution of patients by age group

Age group	Workforce	Percentage
0-4 years	3	1
5-14 years	31	8
15-44 years	271	72
45-59 years	51	14
60+ years	19	5
Total	375	100

The age group [15 - 44 years] was the most represented, accounting for 72% of cases.

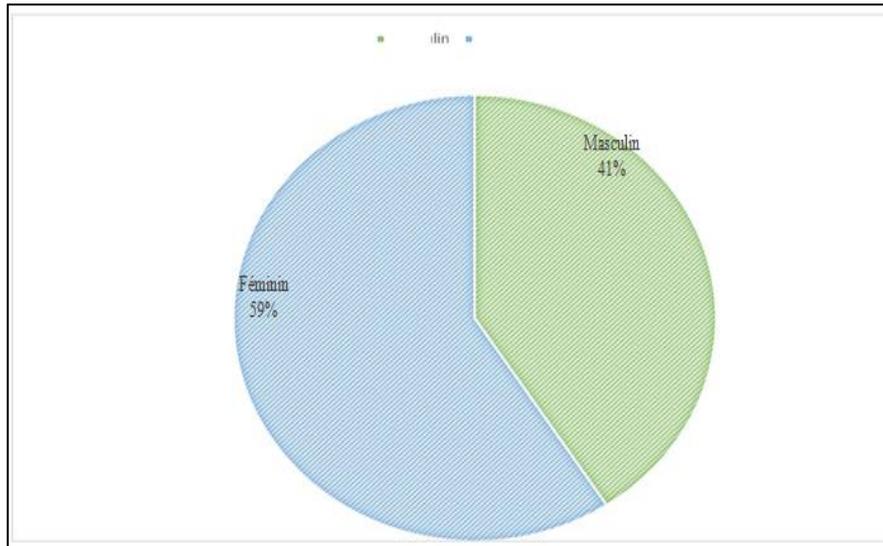


Figure 1: Distribution of patients by gender

The female sex was the most represented, 59% of the cases, with a sex ratio of 0.66%.

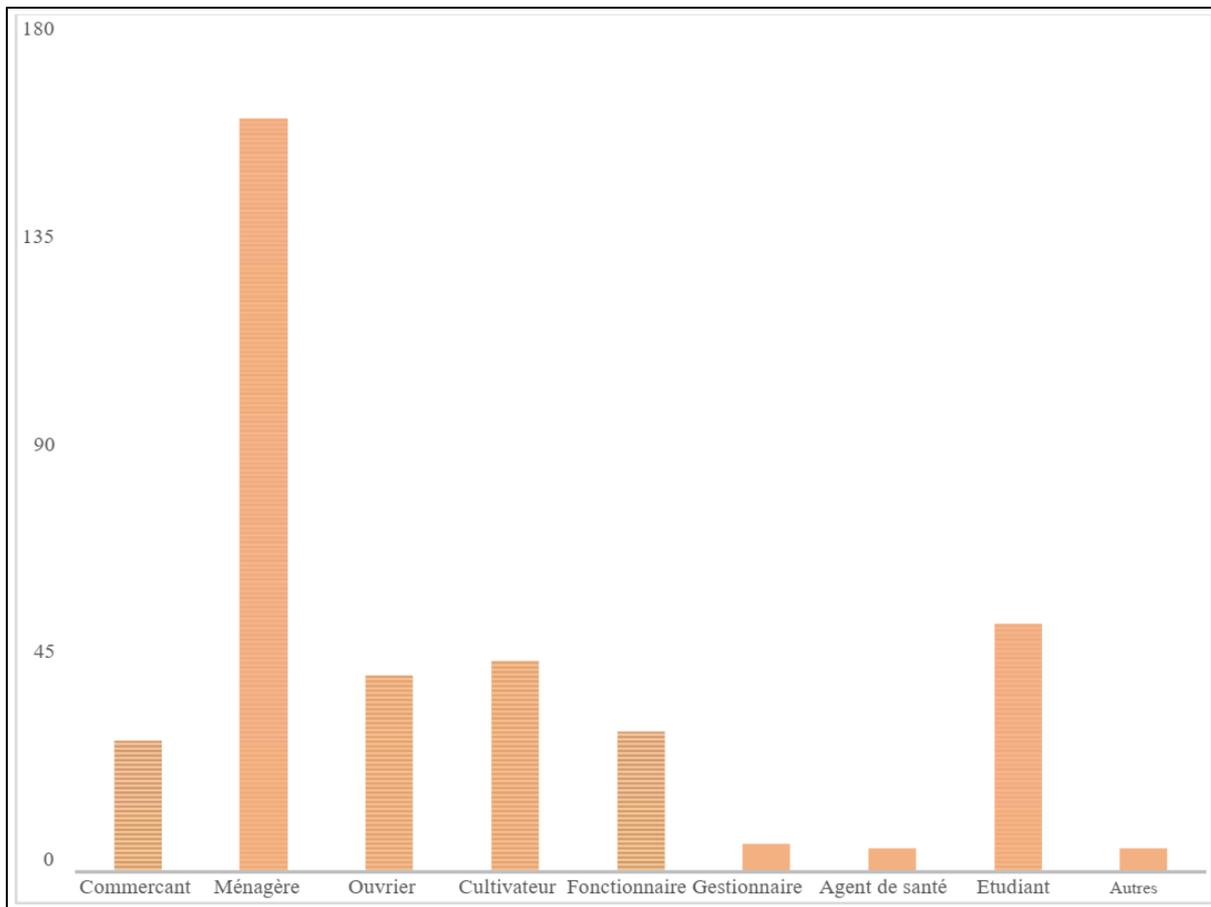


Figure 2: Distribution of patients by occupation

The most represented occupation was housewives, accounting for 43% of cases.

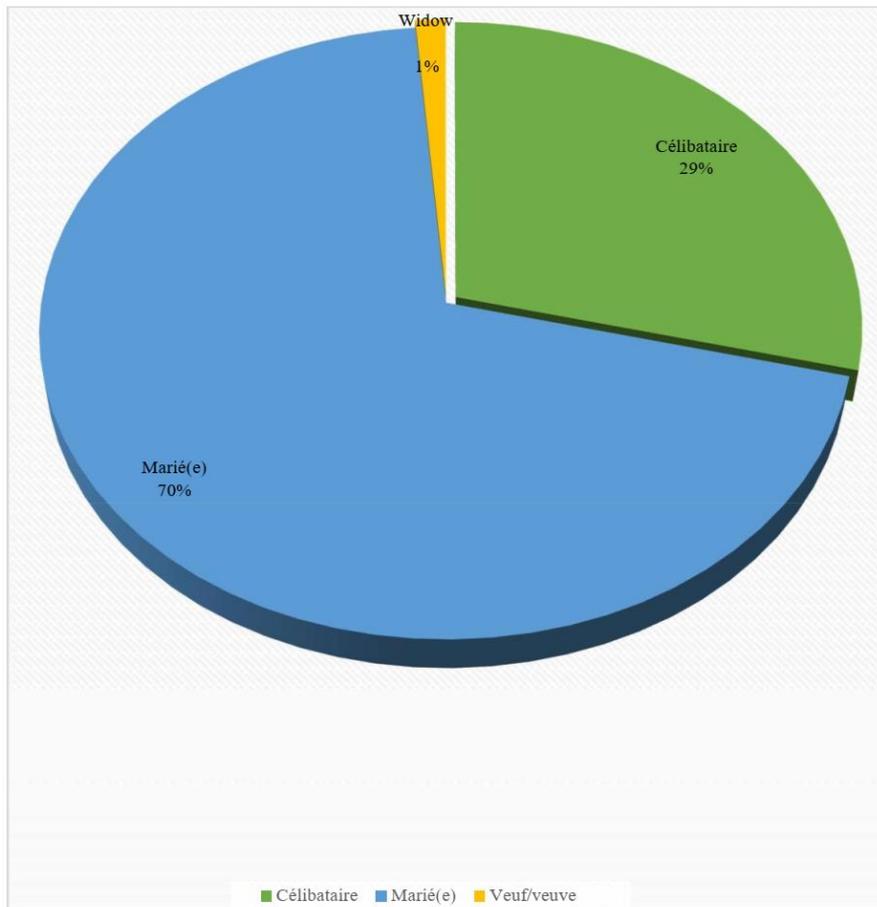


Figure 3: Distribution of patients by marital status

The most common marital status was married, accounting for 70% of cases.

Table III: Distribution of patients according to reasons for consultation

Reason for consultation	Frequency	Percentage
Dental abscess	1	0,27%
Domestic accident	1	0,27%
Dental pain	368	98,13%
Gum pain	1	0,27%
Periodontal pain	1	0,27%
Dysphonia	1	0,27%
Dental mobility	1	0,27%
Sore lips and cheeks	1	0,27%
Total	375	100,00%

Dental pain was the most frequent reason for consultation, accounting for 98% of cases.

Table IV: Distribution of patients' education level by gender

Schooling	Gender		Total
	Female	Male	
Not in school	136	65	201
Primary	57	46	103
Secondary	24	30	54
Academic	5	12	17
TOTAL	222	153	375

Females were the most dominant gender with 54% of the cases not attending school.

Single Table Analysis
 Chi-Squared df Probability
 17,7069 3 0,0005

Table V: Distribution of patients according to diagnosis

Input diagnosis	Frequency	Percentage
Dental abscess	38	10,10%
Road traffic accident (RTA)	4	1,10%
Tooth decay	292	77,87
Oral thrush	2	0,5 %
Post extraction control	2	0,5 %
Oral disgorgement	1	0,30%
Tearing of the lips	1	0,30%
Epilis	3	0,80%
Peri-mandibular extension	1	0,30%
Mandibular fracture	3	0,80%
Coronal fracture	3	0,80%
Lingual brake	1	0,30%
Dental mobility	11	2,90%
Dental prosthesis	1	0,30%
Gingivitis/Cellulitis	3	0,80%
Facial tumour	1	0,30%
Oral bleeding	1	0,30%
Periodontal pocket	3	0,80%
Peri-coronary disease	2	0,5 %
Periodontitis	2	0,50%
Oral trauma	1	0,30%
Total	375	100 %

The diagnosis retained in the majority of our patients was dental caries (78% of cases).

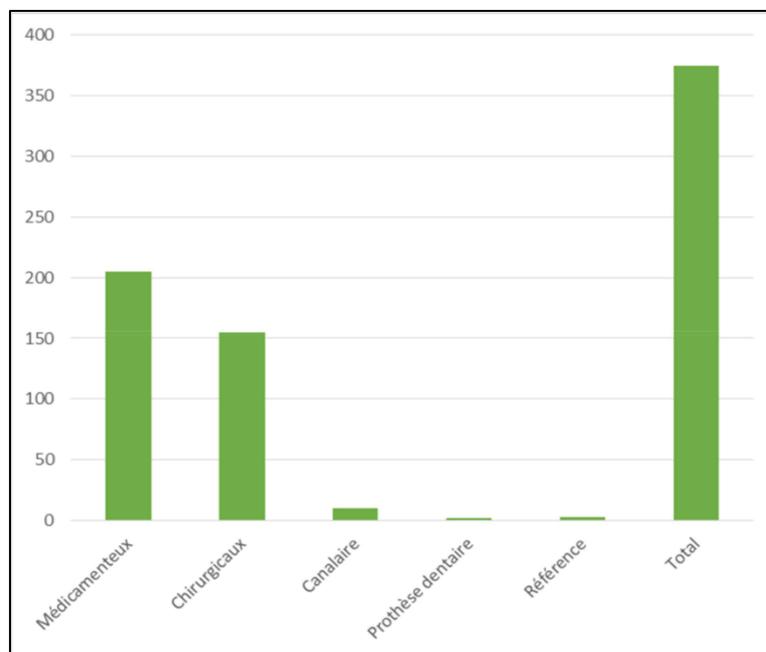


Figure 5: Distribution of patients according to the type of treatment performed

Medical treatment was the most commonly used treatment, accounting for 55% of cases.

IV- DISCUSSIONS / COMMENTS

Oral diseases are very common in our different societies and occupy an important place in our health structures.

Socio-demographic:

According to age: the analysis of our study shows that the age group [15-44 years] was the most represented, i.e. 72% of cases.

Our study is comparable to that of Berthé Daouda *et al.*, [2] who found an age range of [15-44 years], i.e. 66.16% of cases, which could be explained by the youth of the Malian population.

By Sex:

In our study we found a predominance of females, 59% of cases, with a sex ratio of 0.66%.

The same finding of female predominance was found in the study by Baldé *et al.*, in 2007 in Nancy, i.e. 58% of cases [12];

Belhadji Z *et al.*, in 2018 in Algeria [13] found a male predominance.

This could be explained by the high number of males in his sample.

According to the Profession:

Housewives were the most represented in our study, accounting for 42.67% of cases.

Our result is comparable to that of Sina Oumar Koné [11] who found 35.34% of cases in favour of housewives.

3- Clinical aspect:

In our study the most frequent reason for consultation was dental pain, 98% of the cases, but Jean-Paul K. *et al.*, [11] found 79% of the cases in favour of dental caries and its complications.

In our study, the majority of patients were diagnosed with dental caries (77.87% of cases).

Our result is contrary to those of BERTHE D *et al.*, [2] who found 02.8% of cases in favour of oral trauma.

CONCLUSION

This study enabled us to determine the main reasons for these consultations in order to better understand the concerns of patients admitted to the Fana dentistry department.

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Cite This Article: Samaké, Y, Keita, S, Traoré, M, Camara, N, Sylla, C, Keita, S, Traoré, S, Kanthé, D, Koné, O, Traoré, S, Sylla, C, Koita, H, Sidibé, S, Touré, A, Ba, B (2023). Reasons for Consultation in Odontostomatology at the Fana Reference Health Centre. *East African Scholars J Med Sci*, 6(5), 205-210.
