



ANALYSIS OF PIPE SMOKING AND ITS EFFECTS ON ORAL HEALTH IN PAKISTANI POPULATION

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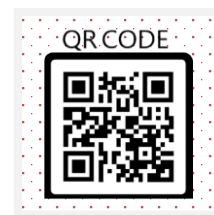
Abstract

Introduction: Pipe smoking is also frequently known as narghile, water pipe and hubble bubble smoking. It is available in variety of different flavors such as mint, apple, peach, citrus. **Aims and objective:** The main objective of the study is to analyze the pipe smoking and its effects on oral health in Pakistani population. **Methodology of the study:** This cross sectional study was conducted at DHQ hospital, Rawalpindi during October 2018 to February 2019. The data was collected from 100 participants who used pipe smoking. Basic information such as educational level, date of birth, place of birth and family history was asked from students or taken from school records. Prior to carrying out the research, parental permission (written informed consent) was acquired. **Results:** The data were collected from 100 participants of both genders. The descriptive statistics, number of cases, mean, median, standard deviation and eruption time of both the jaws and *P*-value for antagonist teeth (upper and lower corresponding teeth). The minimum mean eruption time was 6.5 ± 1.1 years of right first molar of mandibular jaw. The maximum eruption time of 11.8 years was for the 2nd molars of maxillary jaw. All the mandible teeth, except the premolars, erupted earlier than maxillary teeth. **Conclusion:** It is concluded that there is no significant difference of eruption time between gender in all the studied teeth, except tooth #15, # 25 and #43. However, if they are heavy, it would be early eruption if they are not tall and delayed eruptions if they are tall.

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INTRODUCTION:

Pipe smoking is also frequently known as narghile, water pipe and hubble bubble smoking. It is available in variety of different flavors such as mint, apple, peach, citrus. It's a common practice among youngsters these days, mostly college students. The reason for its popularity is twofold, firstly due to its social nature and secondly it is often mistaken as a healthier, non-addictive option as the fumes are first passed through water which is considered to have a purifying effect [1]. The reality is far from it as it contains the same harmful substances such as nicotine, carcinogens, hydrocarbons, tar and heavy metal. Parents consider tooth eruption as an important event in the child's development, and they have often showed their concern about the timing of eruption of teeth. Mostly the information on the age of permanent teeth emergence used in clinical and academic situations in Pakistan is based on American and European standards [2]. Eruption time of the teeth and order are essential aspects in treatment planning, mainly when patients require orthodontic treatment, it also plays a pivotal role in forensic dentistry as it can help to find the age of an adolescent [3].

However, it has been suggested in the literature that standards for tooth emergence should be derived from the population in which they are to be applied because factors related to emergence may vary considerably in both dentitions [4]. Similarly, adequate knowledge of timing of permanent tooth emergence is essential for diagnosis and treatment planning in Pediatric Dentistry and Orthodontics. Furthermore, information on tooth emergence is also used to supplement other maturity indicators in the diagnosis of certain growth disturbances, and in forensic dentistry to estimate the chronological age of children with unknown birth records. Therefore, the specific standards of the time of emergence of teeth characterize an important resource for general dental practitioners, orthodontists and pedodontists [5].

Aims and objective

The main objective of the study is to analyze the pipe smoking and its effects on oral health in Pakistani population.

METHODOLOGY OF THE STUDY:

This cross sectional study was conducted at DHQ hospital, Rawalpindi during October 2018 to February 2019. The data was collected from 100 participants who used pipe smoking. Basic information such as educational level, date of birth, place of birth and family history was asked from students or taken from school records. Prior to carrying out the research, parental permission (written informed consent) was acquired. The dental examination was carried out by field examiners using the dental examination kit under fluorescent light. The height was measured in centimeter, using wall-mounted ruler on the child's head with their back and knees completely straight, and their feet together.

Statistical analysis

The data were analyzed using SPSS statistical software. Pearson and partial correlations were used to determine the significant relationship between eruption time with height, weight and BMI of the children.

RESULTS:

The data were collected from 100 participants of both genders. The descriptive statistics, number of cases, mean, median, standard deviation and eruption time of both the jaws and *P*-value for antagonist teeth (upper and lower corresponding teeth). The minimum mean eruption time was 6.5 ± 1.1 years of right first molar of mandibular jaw. The maximum eruption time of 11.8 years was for the 2nd molars of maxillary jaw. All the mandible teeth, except the premolars, erupted earlier than maxillary teeth.

Table 1: Descriptive statistics of eruption time of all the teeth, except third molars, in maxillary jaw

Tooth No	Mean	Median	SD	95% CI of mean
17	11.8	11.8	1.6	(11.6,12.0)
16	6.6	6.4	1.2	(6.4,6.8)
15	10.4	10.3	1.5	(10.2,10.6)
14	10.1	10.0	1.4	(9.9,10.2)
13	10.9	10.8	1.5	(10.8,11.0)
12	8.4	8.3	1.3	(8.2,8.5)
11	7.5	7.4	1.5	(7.4,7.7)
21	7.5	7.3	1.4	(7.3,7.6)
22	8.4	8.3	1.3	(8.3,8.5)

DISCUSSION:

It is documented in the literature that significant variation exists in time of eruption and emergence sequence in different population. Therefore, it was a noteworthy and significant contribution to make an investigation of the standard values of eruption time of Pakistani children [6]. This report presents baseline information for time of eruption of permanent teeth of Pakistani children. Furthermore, except the Iranian study, all the previous studies established the standard of eruption time on moderate or small sample sizes [7].

The present study was conducted in local population, which assessed the eruption of permanent teeth according to age and its relation with body mass index. Our study showed high percentage of children in the normal weight category of BMI. Present study used the BMI percentile chart to access the body mass index of children [8]. It was validated that BMI was related but weakly connected with dental and skeletal development.

Body Mass Index (BMI) is a reliable scale for measurement of obese people and for those who are overweight especially teenagers and small kids. Obesity in kids can cause skeletal complications in the head and neck area [9]. BMI is reliant on age and gender in kids and teenagers and is for the most part stated to as particular for a specific age. Hedayati, et al (2014), reported BMI as an attribute for dental eruption ages as increase BMI showed early eruption of teeth [10]. This finding is in line with our study as these findings indicated that nutritional status may have an effect on dental maturity but it is a minor effect and any certain role of B.M.I in connection with this should be studied on a larger scale. In the literature, different population groups are targeted to determine the mean eruption time of permanent teeth. However, no reported data are available for Pakistani children, except an article published in pre-partition time for the mean eruption time of boys from Lahore [11]. Due to unavailability of local data, the standards for eruption time being taught in dental colleges of Pakistan, are based on non-Pakistani population, especially American and European standards [7].

CONCLUSION:

It is concluded that there is no significant difference of eruption time between gender in all the studied

teeth, except tooth #15, # 25 and #43. However, if they are heavy, it would be early eruption if they are not tall and delayed eruptions if they are tall.

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