

# Retrospective Review: Multiple General Anesthesia Experiences in Young Children



Shreekrishna Akilesh<sup>1</sup>, Thomas Randall<sup>2</sup>, NYU Langone Dental Medicine, Phoenix, AZ  
NYU Langone Hospitals-Advanced Education in Pediatric Dentistry, Brooklyn, NY  
Hansjorg Wyss Department of Plastic Surgery, Division of Dental Medicine, NYU Grossman School of Medicine

NYU Langone Dental Postdoctoral  
Residency Programs

INTRODUCTION

- Early childhood caries (ECC) remains one of the most prevalent chronic and transmissible diseases in children globally [2]
- In 2012, a North American online survey revealed an 88% increase in requests for dental anesthesiologist services in the past ten years [6]
- ECC is an aggressive and multifactorial disease with a high relapse rate [8,9,10]
- Studies reported a 79% caries recurrence rate in children who underwent treatment under GA; 17% of these patients required a repeat GA intervention within two years.

PURPOSE

- Characteristics of children who undergo general anesthesia (GA) and require repeat operative treatments due to failing restorations
- To understand which treatments are more prone to failure, and which treatment modalities provide longer term success.
- Determine if age is a factor in the need for repeat treatment due to restorative failures from the initial GA appointment

METHOD

- Retrospective analysis of children who received initial GA treatment followed by subsequent treatment under GA
- Charts reviewed of children ages 1.5 to 8 years, between 2017-2020
- Data collected included age, gender, appointment dates, appointment types and treatments completed

FIGURE 1

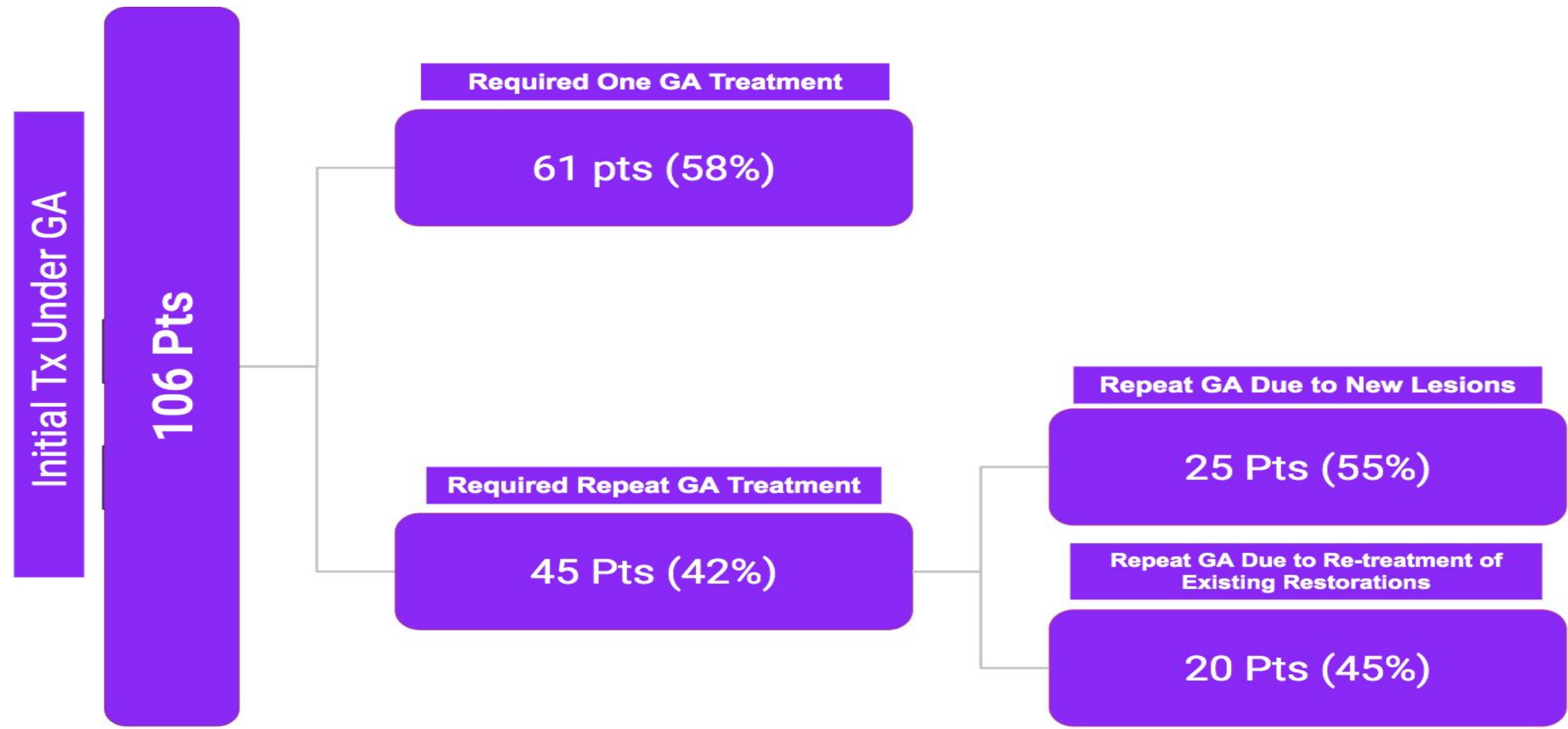
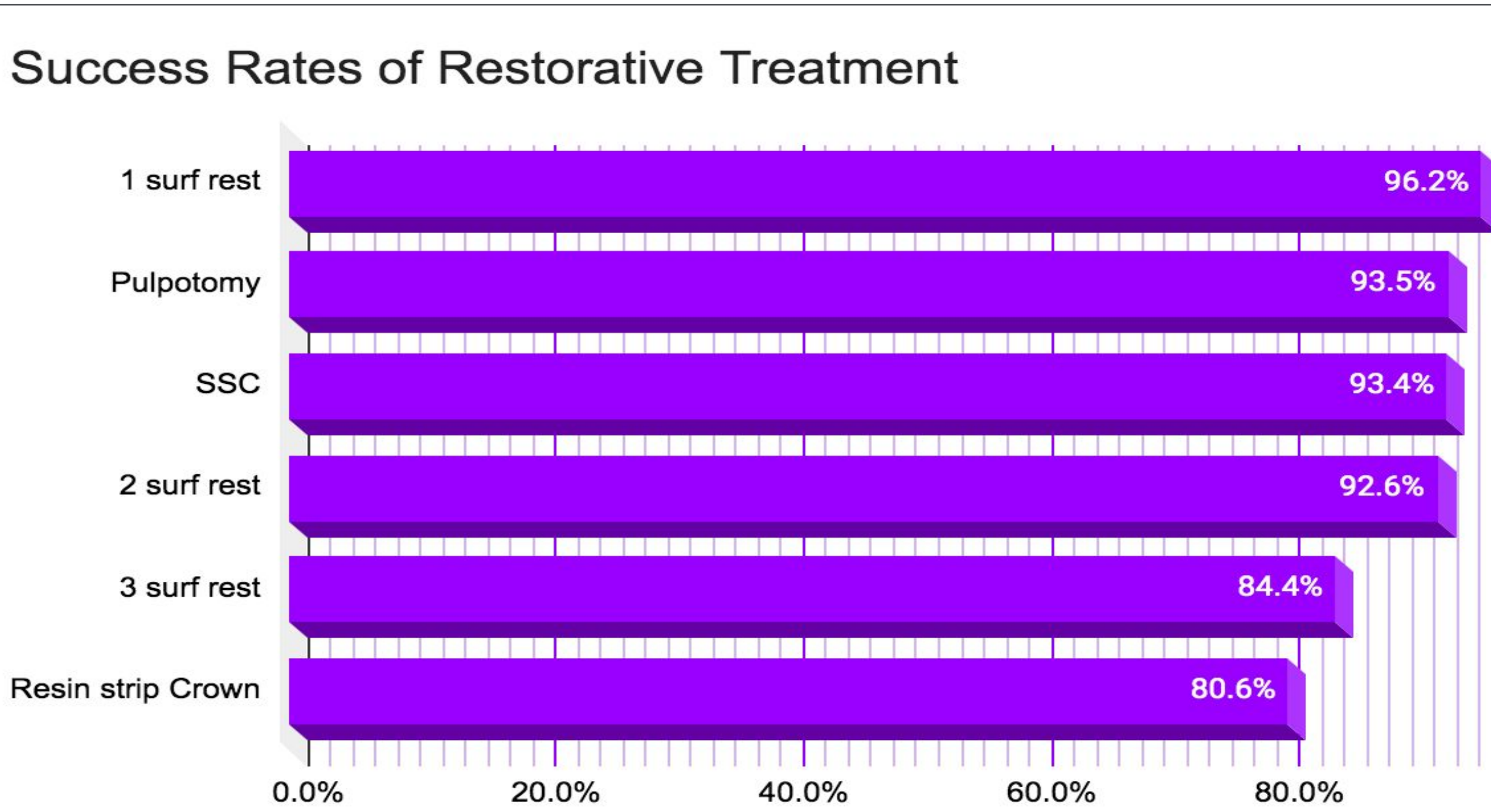


FIGURE 2



RESULTS

- Of the 106 patients, 42% of Patients needed follow-up treatment under GA
- 45% of repeat GA patients required re-treatment of existing restorations
- The mean age of children requiring re-treatment under subsequent GA was 4.4 yrs (SD 2.4)
- The mean time interval between initial and subsequent GA appointment was 1.1 yrs.
- Treatment success rates ranged from 81%-96% with SSC and 1 surface restorations requiring the least amount of re-treatment.
- Anterior resin strip crowns required the most re-treatments.

CONCLUSIONS

- Current restorative treatments show a high percentage of success over a three year time period.
- Stainless steel crowns and 1-surface resin restorations should be preferred over multi surface restorations.
- Caries risk management protocols should be emphasized to prevent caries relapse and restorative failure.
- Improved follow up protocols could help increase the time interval between initial GA and repeat treatment under GA.

REFERENCES

1. Bagramian RA, Garcia-Godoy F, Volpe AR. The global increase in dental caries: a pending public health crisis. Am J Dent. 2009;22:3-8  
2. Meyer F, Enax J. Early childhood caries: epidemiology, aetiology, and prevention. Int J Dent. 2018;2018:1415873.  
3. National Institute of Dental and Craniofacial Research (U.S.), and United States. Dept. of Health and Human Services. Oral Health In America: a Report of the Surgeon General. Rockville, Md.: U.S. Public Health Service, Dept. of Health and Human Services; 2000.  
4. Kassebaum NJ, Bernabé E, Dahiya M, Bhandari B, Murray CJ, Marcenes W. Global burden of untreated caries: a systematic review and metaregression. J Dent Res. 2015;94:650-658.  
5. Clinical Affairs Committee - Behavior Management Subcommittee. American Academy of Pediatric Dentistry. Guideline on behavior guidance for the pediatric dental patient. Pediatr Dent. 2015;37:57-70.  
6. Hicks CG, Jones JE, Saxen MA, Maupome G, Sanders BJ, Walker LA, et al. Demand in pediatric dentistry for sedation and general anesthesia by dentist anesthesiologists: a survey of directors of dentist anesthesiologist and pediatric dentistry residencies. Anesth Prog 2012;59:3-11  
7. Oubenyahya, Hanan, and Najib Bouhabba. "General anesthesia in the management of early childhood caries: an overview." Journal of dental anesthesia and pain medicine vol. 19,6 (2019): 313-322. doi:10.17245/jdpm.2019.19.6.313  
8. Farsi N, Ba'akdah R, Boker A, Almushayt A. Postoperative complications of pediatric dental general anesthesia procedure provided in Jeddah hospitals, Saudi Arabia. BMC Oral Health. 2009;9:6.  
9. Eaton JJ, McTigue DJ, Fields HW, Jr, Beck M. Attitudes of contemporary parents toward behavior management techniques used in pediatric dentistry. Pediatr Dent. 2005;27:107-113.  
10. El-Eideen M, Gizani S, Declerck D. Long-term outcome of oral health in patients with early childhood caries treated under general anaesthesia. Eur Arch Paediatr Dent. 2015;16:333-340.  
11. Almeida AG, Roseman MM, Sheff M, Huntington N, Hughes CV. Future caries susceptibility in children with early childhood caries following treatment under general anesthesia. Pediatr Dent. 2000;22:302-306.  
12. Graves CE, Berkowitz RJ, Proskin HM, Chase I, Weinstein P, Billings R. Clinical outcomes for early childhood caries: influence of aggressive dental surgery. J Dent Child (Chic) 2004;71:114-117.  
13. Yengopal V, Harneker SY, Patel N, Siegfried N. Dental fillings for the treatment of caries in the primary dentition. Cochrane Database Syst Rev. 2009;15:CD004483