

## **Occlusal caries in young permanent teeth - Location and re-treatments**

**Bakhshandeh A**<sup>1</sup>, Damsgaard L<sup>1</sup>, Eriksen C<sup>2</sup>, Larsen U<sup>1</sup>, Borum MK<sup>3</sup>, Rokkedal TA<sup>4</sup>, Møller KD<sup>5</sup>, Qvist V<sup>1</sup>

Dental School, University of Copenhagen, Denmark (1)

Public Dental Health Service of, Helsingør(2), Høje-Taastrup, (3) Hoersholm, (4) Hilleroed, and (5) Copenhagen municipalities, Denmark

**Objectives:** To map the location of occlusal caries lesions in need of restorative treatment in the young permanent dentition, and to relate re-treatment of sealants and restorations to the location of the lesions.

**Methods:** 521 primary, occlusal caries lesions in patients aged 6-17 years participating in the SEAL-DK, RCT-project, were included. 69 clinicians recorded the location of the lesions, the treatments, and any re-treatments during a 5-year follow-up period. 368 lesions received resin sealants and 153 resin restorations. Chi-square test was used for statistical analysis of associations between location of lesion and need for re-treatments.

**Results:** 200 (38%) lesions were recorded on M1<sub>inf</sub>, 182 (35%) M1<sub>sup</sub>, 95 (18%) M2<sub>inf</sub>, 35 (7%) M2<sub>sup</sub>, and 9 (2%) on premolars. Most lesions were located centrally (33%) and distally (34%) in the fissures, 9% mesially, and 16% showed multiple locations. The occlusal location of the remaining lesions (8%) was not recorded. Significant difference was found between occlusal location of lesion and tooth types ( $p=0.000$ ). Central lesions were most frequent on M2<sub>sup/inf</sub>, distal lesions on M1<sub>sup</sub> and premolars, and mesial lesions on premolars. Premolars showed no multiple locations. The randomized choice of treatment was independent of tooth types ( $p=0.15$ ) and occlusal location of lesion ( $p=0.89$ ). After 5 years, 163 (44%) sealants and 11 (7%) restorations were re-treated. The frequency depended on tooth types ( $p=0.01$ ) with fewest re-treatments in premolars (11%) and M2<sub>inf</sub> (19%) compared to 37-38% for the remaining tooth types. Re-treatments varied from 30% for centrally located to 35% for distally, 39% for mesially, and 40% for multiple located lesions ( $p=0.46$ ).

### **Conclusions:**

The location of occlusal caries lesions in the young permanent dentition varied with the tooth types and the specific parts of the fissure systems. Frequency of re-treatment was significantly influenced by tooth types but not the occlusal location of the lesions.