



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.3592876>Available online at: <http://www.iajps.com>

Research Article

**A SURVEY ANALYSIS OF THE KNOWLEDGE OF DRY
SOCKET AND MANAGEMENT AMONG DENTAL
PRACTITIONERS**Dr Saima Sultan¹, Dr Hina Waqar², Dr Muhammad Shahid Aziz³¹University Medical & Dental College, Faisalabad²University of Lahore, Lahore³Demontmorency College of Dentistry, Lahore**Abstract:**

Introduction: Exodontia is a common procedure in Dentistry. Dry Socket (DS) is one of the delayed post-extraction complication, reported usually 2-4 days postoperatively with moderate to severe pain with the incidence of 0.5-5% in routine extractions. **Aims and objectives:** The basic aim of the study is to analyse the knowledge of dry socket and management among dental practitioners. **Material and methods:** This cross sectional study was conducted in University Medical & Dental College, Faisalabad during January 2019 to October 2019. A questionnaire was developed by keeping objectives of study in view and questions were directed to assess the prevalence of knowledge of dry socket. One hundred and twenty-nine (129) structured questionnaires were distributed consisting of fourteen questions among Dental Practitioners (DP). **Results:** There were 100 complete responses from the total of 120 sampled with the participation rate of 96.4%. Age of respondents ranged between 18 and 30 years with the mean of 23.02 (SD = 2.074) years. Frequency distribution according to sex is different. 85.7% female have knowledge and 76.6% of male. **Conclusion:** It is concluded that the knowledge of Dry Socket and its diagnosis / treatment for general practitioners is an important; one should know baseline of dry socket to treat. However, certain aspects of diagnosis and management is misunderstood.

Corresponding author:**Dr. Saima Sultan,**

University Medical & Dental College, Faisalabad

QR code



Please cite this article in press Saima Sultan *et al.*, A Survey Analysis Of The Knowledge Of Dry Socket And Management Among Dental Practitioners., *Indo Am. J. P. Sci.*, 2019; 06(12).

INTRODUCTION:

Exodontia is a common procedure in Dentistry. Dry Socket (DS) is one of the delayed post-extraction complication, reported usually 2-4 days postoperatively with moderate to severe pain with the incidence of 0.5-5% in routine extractions. The name dry socket is used because blood clot is lost and covered by a green-grayish membrane. This term was first used in 1896 by Crawford [1].

Since then, other terms have been used to describe dry socket: localized osteitis, alveolar osteitis (AO), fibrinolytic alveolitis, alveolitis sicca dolorosa, and localized osteomyelitis. Dry socket is dislodgment of clot with exposed intrasocket bone (denuded bone) as acute painful complication arising 72 hours postoperatively [2]. Most of published data states that the incidence of dry socket is 1-5% for all routine dental extractions and up to 40% for impacted mandibular third molars [3]. The incidence of dry socket is higher in the mandible than maxillae, occurring up to 10 times more often for mandibular molars compared with maxillary molars because of dense bone. Clinically dry socket is characterized by severe throbbing pain, marked halitosis, foul odor, and greyish look [4].

Several theories have been documented on the etiology of dry socket including bacterial infection, trauma, and biochemical agents. According to one theory, there is increased fibrinolytic activity and activation of plasminogen to plasmin in the presence of tissue activators in dry sockets [5]. This fibrinolytic activity is thought to affect the integrity of the post-extraction blood clot. Microscopically, dry socket is characterized by the presence of inflammatory cellular infiltrate, with numerous phagocytes and giant cells in the remaining clot, associated with presence of bacteria and necrosis of the lamina dura [6].

Table 01: Frequency distribution according to gender

Sex	Total	Stressed		Non-stressed	
Female	70	60	85.7%	10	14.3%
Male	30	23	76.6%	07	23.4%

According to analysis results of different knowledge participants are clearly described below: (Table 02, 03, 04).

Table 02: Frequency distribution according to family monthly income

Family income	Total	Stressed		Non-stressed	
<50,000	65	57	87.7%	08	12.3%
50,000-1,00,000	28	21	75%	07	25%
>1,00,000	07	05	71.4%	02	28.6%

Aims and objectives

The basic aim of the study is to analyse the knowledge of dry socket and management among dental practitioners.

MATERIAL AND METHODS:

This cross sectional study was conducted in University Medical & Dental College, Faisalabad during January 2019 to October 2019. A questionnaire was developed by keeping objectives of study in view and questions were directed to assess the prevalence of knowledge of dry socket. One hundred and twenty-nine (129) structured questionnaires were distributed consisting of fourteen questions among Dental Practitioners (DP). One hundred and one (n=101; 78%) GP responded about Knowledge of Dry Socket and its management. Only completely filled questionnaires were included in final analysis.

Data analysis

Data entry and analysis was done through SPSS IBM 20 (statistical product and service solutions international business machine version 20)

Ethical clearance

All the subjects were explained the purpose and process of study. They were explained the benefits of study. Assurance was given to protect the life, health, privacy, dignity and privacy of the human study subjects.

RESULTS:

There were 100 complete responses from the total of 120 sampled with the participation rate of 96.4%. Age of respondents ranged between 18 and 30 years with the mean of 23.02 (SD = 2.074) years. Frequency distribution according to sex is different. 85.7% female have knowledge and 76.6% of male (table 01).

Table 03: Relationship of participants' knowledge with their education

Attendance	Frequency	%age
>75%	11	13.5%
60-75%	22	26.5%
<60%	50	60%

DISCUSSION:

In this study, Seventy Six (75.2%) practitioners agreed that dry socket is dislodgment of clot in socket, 21 (20.8%) also agreed that dry socket could be due to contamination of socket. Most of the dentists 76 (75.2%) documented acute and stabbing pain in dry socket whereas 14 (13.9%) dentist reported that patients with dry sockets experience pain. Overall, dentist knowledge about diagnosis of dry socket showed statistically significant results (< 0.000). On the other hand, 79% agree on saline irrigation and 53% of dentists rely on intra-socket sedative dressing. Interestingly, 92 (91.2%) dentists do not agree that surgery is required to manage dry socket which was significant (p 0.000). Dry socket may present as a challenge for the dentists and specialist alike [7].

The exact etiology and mechanism of dry socket are not known but several factors have been associated. Careful analysis into pathophysiology of dry socket stated that poor oral hygiene, vasoconstrictors and reduced blood supply are an important factors but reports have emphasized on trauma from difficult extractions causing fibrinolysis and release of pain inducing chemical substances [8]. One recent study emphasized need to educate patients properly for postextraction instructions and significant association of compliance with instructions and the reduced incidence of dry socket (p 0.015). A study conducted by Birn et al 20 with similar survey on the internship dentist's knowledge [9].

CONCLUSION:

It is concluded that the knowledge of Dry Socket and its diagnosis / treatment for general practitioners is an important; one should know baseline of dry socket to treat. However, certain aspects of diagnosis and management is misunderstood.

REFERENCES:

1. American Dental Education Association ADEA foundation knowledge and skills for the new general dentist. *J Dent Educ.* 2011;75:936–940.
2. Honey J, Lynch CD, Burke FM, Gilmour AS. Ready for practice? A study of confidence levels of final year dental students at Cardiff University and University College Cork. *European J Dental Educ.* 2011;15:98–103.
3. Patel J, Fox K, Grieveson B, Youngson CC. Undergraduate training as preparation for vocational training in England: a survey of vocational dental practitioners' and their trainers' views. *Br Dent J.* 2006;(Suppl):9–15
4. Stacey DG, Whittaker JM. Predicting academic performance and clinical competency for international dental students: seeking the most efficient and effective measures. *J Dent Educ.* 2005;69:270–280.
5. Henzi D, Davis E, Jasinevicius R, Hendricson W. North American dental students' perspectives about their clinical education. *J Dent Educ.* 2006;70:361–377.
6. Houston JP, McCollum J, Pietz D, Schneck D. Alveolar osteitis: a review of its etiology, prevention, and treatment modalities. *Gen Dent* 2002; 50: 457-63.
7. Akpata O, Omeregie OF, Owotade F. Alveolitis Osteitis: Patients compliance to post-extraction instructions following extraction of molar teeth. *Niger Med J* 2013; 54:335-38
8. Doumani M, Habib A, Doumani A et al. The intership dentist's knowledge about dry socket. *Int J Recent Scientific Res* 2017; 8: 19941-3.
9. Santhosh Kumar MP. Knowledge about post extraction complications among undergraduate dental students. *J Pharm Sci Res* 2016; 8: 470-76