Commentary on: A study of patients attending a multidisciplinary hypodontia clinic over a five year period

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IN BRIEF

- Highlights the importance of monitoring the development of the dentition: the patients were predominantly children and adolescents.
- Clearly there is no 'one solution fits all'.
 Interceptive treatment was evident: to harness growth, improve aesthetics and provide the foundation for future dentistry.
- There are cost implications in the management of this group of dentally compromised patients.

Aim To gather information about planned treatment, outcomes and type of patient attending a multidisciplinary hypodontia clinic over a five year period at Glasgow Dental Hospital and School. Study design There were three parts to the study: (i) to report demographics of the patients with hypodontia attending the multidisciplinary clinic from its outset in February 2002 until February 2007; (ii) to report on both the treatment planned on the clinic and whether this was completed as intended; and (iii) to show the number of patients for whom implants were considered. Methods The existing hypodontia database was analysed, supplemented where required by data gathered retrospectively from patients' clinical records and radiographs. Results In the demographic component there were 108 patients seen between February 2002 and February 2007, 57% female patients with a mean age of 13 years. Ninety-one percent (n = 107) of patients were missing two or more teeth, with most common missing teeth being upper lateral incisors. Orthodontic therapy was most frequently considered in treatment planning. Nineteen patients (23%) may require dental implants. Conclusions The majority of the patients were female, adolescent and had a positive or suspected family history of hypodontia. Orthodontic therapy was most frequently considered in treatment planning. Nineteen patients may undergo surgery for placement of dental implants.

COMMENTARY

Hypodontia is a relatively common developmental anomaly, with the absence of a limited number of teeth in approximately 5% of the population and more than six teeth absent in approximately 0.3% of the population. Increasing patient awareness is resulting in more patients presenting to the dental team requesting treatment for this problem. Such treatments are often complex and require a multi-disciplinary care pathway. The role of a dedicated multidisciplinary hypodontia clinic in providing an integrated approach to treatment planning is considered internationally as best practice. Hypodontia clinics can provide treatment plans and support for primary or secondary care provision, treatment for more complex problems, and counselling for affected patients and families. For this reason, dedicated hypodontia clinics have been opened at an increasing number of centres around the UK.

This study looked at an early cohort of 108 referred patients seen over the initial five year period of a relatively recently opened hypodontia clinic at the Glasgow Dental Hospital. The demographic findings from the current study support the previously proposed 2:3 ratio of males to females affected by hypodontia, and the distribution of missing teeth among the cohort is very similar to that reported previously by other authors. Outcome measures were used to assess whether the proposed treatment plans from the clinic were carried through to completion. Interestingly, only 41% of patients were either on-going as planned or had completed as planned, while 23% were on-going or completed with alterations. Although such outcomes might be questioned, it could be considered one of the strengths of a multi-disciplinary approach that in-progress modifications to a potentially complex treatment plan can be agreed through a continually monitored

integrated care pathway. Osseointegrated implants are planned for a limited number of patients within the cohort, but this may change as the younger patients reach maturity.

This article provides interesting data to support the involvement of such dedicated clinics in contributing to high quality outcomes for what is a complex multi-disciplinary anomaly.

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