RESEARCH INSIGHTS

Hall technique: the treatment of choice?

The use of Hall technique preformed metal crowns by specialist paediatric dentists in the UK *Br Dent J* 2018; **224:** 48–52 http://dx.doi.org/10.1038/sj.bdj.2018.4

The Loch Ness monster, hiccup remedies, and the Hall technique – what do they all have in common? Well, they are all widely known but in truth remain a mystery to some. The Hall technique preformed metal crowns (HTPMC) are considered one of the biggest breakthroughs in paediatric dentistry and yet their application by specialists is not completely implicit. The Hall technique abandons decades of conventional teaching of fully removing carious tissue and instead employs a more conservative approach; no tooth preparation is carried out nor any local anaesthetic used in its application.

Numerous studies have proven that the Hall technique outperforms the conventional counterpart with regards to longevity and patient compliance. Yet, despite these obvious advantages, general dental practitioners (GDPs) are still less inclined to use a HTPMC compared to a

Definitely NOT a preformed metal crown....



specialist. Why? Perhaps this is due to a lack of familiarity and thus a lack of confidence with this specific technique.

This article aims to explore in more depth the uses of HTPMC in the specialised field of paediatrics. By highlighting the clinical situations where they are used by a specialist, it may encourage their use in a primary care setting where the majority of children are treated.

An online questionnaire was constructed and circulated to members of the British Society of Paediatric Dentistry, which constitutes 97% of the paediatric specialists in the UK.

The general response to HTPMC was very positive; 97% of the respondents felt that its use was appropriate for a general dental practice and 90% recommended including the technique in undergraduate teaching. Only a small minority (7%) never use the Hall technique and around 34% believe that there are no contraindications to their use. Surprisingly, preformed metal crowns can also be used as a preventative measure, with some specialists reporting that they even place them on non-cavitated teeth under general anaesthetic. Perhaps what is most surprising is that they are considered by the majority as a treatment option rather than the primary choice for treating symptomless carious molars.

HTPMC are certainly leaving their mark. Overall, confidence in this technique is very high amongst specialists, who use it as both an interventive and preventative measure. Their impact extends beyond just the technicalities of the procedure to acclimatising paediatric patients to dental procedures. This increases their trust, confidence in and compliance with future treatments. It will be interesting to see with time and their increasing usage, if HTPMC will remain a treatment option or become the treatment of choice for paediatric applications.

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Why is the Hall technique so important?

The Hall technique is an effective way of manging caries in young children. It is acceptable to most children, parents and clinicians. One of the main advantages of this technique is that it allows dentists to provide treatment for very young children who would not be able to tolerate local anaesthesia and conventional restorations.

Why might people be reticent to use it?

Many dentists are still unfamiliar with the Hall technique and may feel daunted at the thought of using it to fit crowns. This may be partly due to the perceived difficulty of fitting crowns in children. However, the beauty of using the Hall technique is that no tooth preparation or caries removal is required.

Perceived cost of using crowns could be another barrier to dentists using them. However, initial studies have found Hall technique crowns to be cost effective, and there are more studies currently taking place.

Those who qualified before 2010 may not have been trained in how to fit Hall technique crowns, but all dental schools in the UK now

teach the Hall technique. As more and more newly qualified dentists arrive in general practice and the community dental services, the number of dentists using Hall technique crowns will hopefully increase.

Will the results of your study have a wider impact?

As this study shows the acceptability of use of the Hall technique by specialists, it is hoped that this will encourage more dentists to use this technique in primary care settings. Early treatment of caries in very young children could perhaps reduce the need in some cases for general anaesthesia, and could help to improve the dental care index in the child population.