CAMP REPORT

PLACE: GOVERNMENT SCHOOLS HYDERABAD (BORABANDA)

DATE OF THE CAMP: 14.02.23

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PROJECT:

Oral Health Screening For Students.

OVERVIEW OF THE PLACE WHERE CAMP WAS CONDUCTED:

Oral screening camp was conducted in Government schools around Borabanda. Borabanda is a place in the Hyderabad District of Telangana State, India. It is administered as Ward No.

103 of Greater Hyderabad Municipal Corporation

OVERVIEW OF THE DENTAL CAMP:

The Dental camp was conducted by MEDMOKK ENTERPRISES after providing requisition letter. Prior to conducting a camp we have visited the camp site and discussed with regarding the requirements to be provided by them in the camp and was arranged all the requirements by the Head master and supporting staff of the school.

The camp site was at Government schools in the Borabanda. In the school, we selected a convenient room, which has sufficient power supply, and enough space for patient (School children) accommodation.

OBJECTIVES:

- 1. To Identify the Dental Problems In the attending school children.
- 2. To Refer The Patients For Further Treatment To The Near By Dental Hospital (Pvt and Government)
- 3. To Create Awareness Among People Regarding Oral Health and Educating About Healthy Oral Hygiene Practices.

DENTAL CAMP TEAM

- 1. Dr. Snigdha.M (Clinical Lead)
- 2. Dr. Vinod.V
- 3. Venkatapathi Raju.C
- 4. Gourav.K

MATERIALS USED IN THE CAMP:

1. D Oral Screening Device with Intra Oral probe, Extra Oral camera, Charger, WI-FI Dongle and Disposable probe covers, gloves and masks.

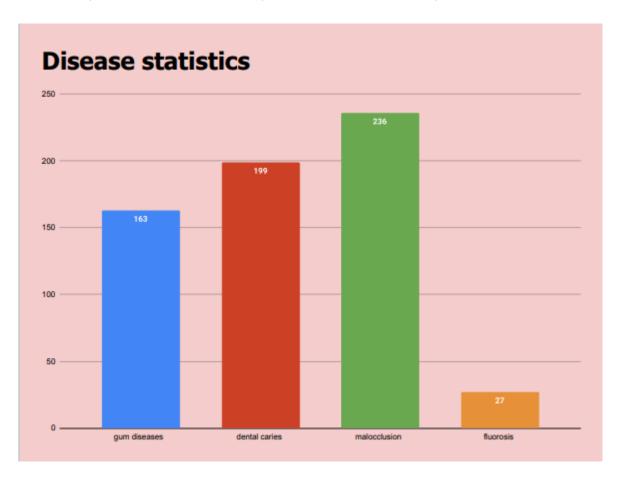
OUTCOME OF THE DENTAL CAMP:

Facilities regarding oral screening were properly utilised by the school children of Borabanda. The dental camp was successful. There was good support from the school staff, Supporting staff, and Children.

In this camp we have screened a total of 304 (Three hundred and four school children).

CAMP STATISTICS-

A total of 304 members we have identified the children suffering from gum diseases are 163 (53%), Dental caries 199 (65%), Malocclusion 236 (77%), and Fluorosis 27 (8%).



Medmokk Test Results Summary:

Sensitivity, specificity, and accuracy are not directly applicable at this point of stage since it's not a diagnostic tool for the doctor and doesn't throw any results rather its assistive aid for the better judgement to be made by the doctor sitting remotely. D-Oral is a screening tool that comes under category A medical device and it does not need any clinical study.

However the current study of filtered 304 patients consolidated summaries shows following results:-

Overall Results:-

Disease	false positive	true positive	true negative	false negative	Accuracy	Sensitivity	specificity
Gum diseases	4	153	141	6	96.71	96.2	97.2
Dental caries ar	7	189	105	3	96.71	98.4	93.8
Malocclusion	0	236	680	0	100.00	100.0	100.0
Fluorosis	0	24	277	3	99.01	88.9	100.0

GUM Diseases	POSITIVE	NEGATIVE
TRUE	153	141
FALSE	4	6

Dental caries & cavities	POSITIVE	NEGATIVE
TRUE	189	105
FALSE	7	3

Malocclusion	POSITIVE	NEGATIVE
TRUE	236	68
FALSE	0	0

Fluorosis	POSITIVE	NEGATIVE
TRUE	24	277
FALSE	0	3

The results are seconded by the dental doctor who was given adequate training in the usage of this device operation and the doctor performed all the tests and collected the aforementioned.

Discussion:

Oral health is a critically overlooked component of overall health and well-being among children. It has a significant impact on the quality of life, appearance, and self-esteem. Dental disease restricts activities in school, work, and home, and often significantly diminishes the quality of life for many children and adults, especially those who are of low-income or are uninsured.

According to our camp results, The government school children/s of Borabanda had Dental caries 199 out of 304 which implies more than 50 % children are effecting with dental caries as there are multiple reasons; however, the significant causes are diet pattern, as they are mostly low income group of society, they consumes more of carbohydrates, and sugars. As we know the sugars are the direct cause of dental caries. There is also other factor malocclusion and pattern of tooth; this also contributes for the dental caries. Other fact that dental caries is an irreversible continuous disease; high variance in food habits and improper oral hygiene habits are the reason for more than 50% of dental caries.

In our camp we got to know that 163 (53%) of school children are with gum disease (Including gingival and periodontal diseases) the reason might be lack of knowledge of tooth brushing, improper oral hygiene maintenance, lack of oral awareness, less utilization of dental services, and food habits.

Based on our camp we analysed that government school children of 236 (77%) had malocclusion. The results indicates that Majority had malocclusion and reasons for this might be lack of knowledge of the care taken after exfoliation of primary tooth, food habits, trauma during pregnancy (As majority were low class people there might be chances of trauma to oral structures), cleft lip and palate, no utilization of dental services, lack of knowledge of dental trauma, not using space maintainers, thumb sucking, mouth breathing, and tongue thrusting in childhood.

Camp results showed that 27 Borabanda school children had effected with fluorosis. This might be due to students relocated from the fluoride affected area or students drinking more than 2 ppm fluoride water.

CONCLUSION:

The present camp gave an idea that more than 50 % of Borabanda government school children had suffering from dental diseases. Hence, an attempt must be made to intercept these problems at an early age to protect the children from debilitating conditions.

PHOTOGRAPHS









