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COMPARISON APPROAHES TO CHILDREN'S CARIES TREATMENT AMONG UKRAINIAN DENTAL STUDENTS AND DENTISTS

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Key words: *children, caries, treatment, prevention*
Ключові слова: *діти, карієс, лікування, профілактика*

Abstract. Comparison approahes to children's caries treatment among ukrainian dental students and dentists. Kaskova L.F., Yanko N.V., Vashchenko I.Y., Andryanova O.Y., Novikova S.C., Amosova L.I., Pavlenkova O.S., Ulasevich L.P. *Selecting the non-operative or operative method of caries treatment is crucial for saving affected teeth. This article aims to investigate the diagnosis and treatment methods of caries lesions in children which preferred by the students and dentists from Poltava city, and to explore factors influencing their treatment approaches. The research tool was standard anonymous survey modified by the authors, which composed of three clinical scenarios and questions about diagnosis and treatment of carious lesions and collected data on gender and length of dental service (assistance for students). The fourth- and fifth-year dental students from Poltava state medical university (PSMU) and the dentists from government-owned and private clinics in Poltava were interviewed. Statistical analysis of the results was performed using descriptive statistics and Pearson's chi-square test. Among the students, 2.7% believed that radiographs estimate the true depth of a proximal carious lesion compared with clinical findings, and 66.1% of the dentists agreed with this statement ($p<0.05$). 66.9% of the students and 84.75% of the dentists answered that it would take less than 6 months for an approximal lesion to progress from outer enamel to dentin ($p<0.05$). 56.25% of the students and 77.97% of the dentists ($p<0.05$) diagnosed an enamel caries (ICDAS 2-3) in the first clinical scenario. For the first clinical scenario, choice of treatment method depended on student's length of dental assistance ($p<0.05$). 42.36% of the students and 55.93% of the dentists ($p<0.05$) diagnosed enamel caries in the second clinical scenario. In both clinical scenarios, dentists predominantly chose operative treatment methods (66.09% and 78.82%), which was significantly higher than the rates observed among students (43.06% and 47.02%; $p<0.001$). 56.5% of the students and 59.32% of the dentists chose immediate operative treatment for an occlusal carious lesion confined by enamel in the third clinical scenario. The surveyed students did not place sufficient importance to radiographs in diagnosis of proximal lesions. Instead, students length of dental assistance was a major factor influencing their treatment decisions for enamel caries. The majority of surveyed dentists disagreed with current recommendations for treatment of enamel lesions, preferring operative intervention to a non-operative approach. This suggests that academic institutions should make conservative and restorative dentistry a priority area.*

Реферат. Порівняння підходів до лікування дитячого карієсу серед українських студентів-стоматологів та лікарів-стоматологів. Каськова Л.Ф., Янко Н.В., Ващенко І.Ю., Андріянова О.Ю., Новікова С.Ч., Амосова Л.І., Павленкова О.С., Уласевич Л.П. *Вибір неоперативного або оперативного методу лікування карієсу має вирішальне значення для збереження уражених зубів. Мета статті – дослідити діагностику та методи лікування каріозних уражень у дітей, яким надають перевагу студенти та стоматологи міста Полтави, та вивчити фактори, які впливають на їхні підходи до лікування. Інструментом дослідження був модифікований авторами стандартний анонімний опитувальник, який складався з трьох клінічних сценаріїв та питань щодо діагностики та лікування каріозних уражень та збирав дані щодо статі та досвіду роботи в стоматології (асистування для студентів). Були опитані студенти-стоматологи четвертого та п'ятого курсів Полтавського державного медичного університету та стоматологи з державних і приватних клінік Полтави. Статистичний аналіз результатів було виконано за допомогою описової статистики та критерію χ-квадрат Пірсона. Серед студентів 2,7% вважали, що рентгенограми дозволяють оцінити справжню глибину проксимального каріозного ураження*

порівняно з клінічними даними, у той час як 66,1% стоматологів погодилися з цим твердженням (p<0,05). 66,9% студентів і 84,75% стоматологів відповіли, що прогресування апроксимального ураження з емалі до дентину займає менше 6 місяців (p<0,05). 56,25% студентів та 77,97% стоматологів (p<0,05) діагностували карієс емалі (ICDAS 2-3) у першому клінічному сценарії. Для першого клінічного сценарію вибір методу лікування залежав від досвіду асистування студентів у стоматології (p<0,05). 42,36% студентів та 55,93% стоматологів (p<0,05) діагностували карієс емалі у другому клінічному сценарії. В обох клінічних сценаріях стоматологи переважно вибирали оперативні методи лікування (66,09% та 78,82%), що суттєво перевищувало показники студентів (43,06% та 47,02%; p<0,001). 56,5% студентів та 59,32% стоматологів обрали «негайне оперативне лікування» для оклюзійного каріозного ураження, обмеженого емаллю, у третьому клінічному сценарії. Опитані студенти не приділяли достатньої уваги рентгенограмам під час діагностики проксимальних уражень. Натомість досвід асистування студентів був головним фактором, що впливав на їхнє рішення щодо лікування карієсу емалі. Більшість опитаних стоматологів не погоджувалась з чинними рекомендаціями щодо лікування уражень емалі, віддаючи перевагу оперативному втручанню перед неоперативним підходом. Це свідчить про те, що навчальні заклади повинні зробити консервативну та відновлювальну стоматологію пріоритетним напрямком.

Early intervention and consistent parental involvement are paramount in preventing common oral health issues such as dental caries in children [1]. In Ukraine, dental caries affects up to 89% among 12-year-old children in which decay, missed, and filled teeth index varies from 2.88 to 3.39 [2]. Choosing between operative and non-operative treatment methods is crucial for tooth preservation in patients with caries.

The introduction of evidence-based dental developments into clinical guidelines worldwide significantly enhanced oral healthcare [3, 4]. The three management options for caries at the tooth level include keeping sound surfaces sound, controlling lesions with non-operative treatment, and providing tooth-preserving operative care for lesions [5]. Despite the introduction of the International Caries Classification and Management System (ICCMS) and the International Caries Detection and Assessment System (ICDAS) more than 10 years ago, a large number of dentists still choose operative methods even though evidence and clinical recommendations support non-operative therapies [6].

In 2024, the contemporary approach to caries treatment stimulated the creation of Ukrainian clinical guidelines [7] which introduced ICCMS and ICDAS. These guidelines were included in the curriculum of undegrate students of PSMU in the 2024/2025 academic year. However, there has been no evaluation of the extent to which Ukrainian students and dentists currently understand and follow modern recommendations about caries management in children. Moreover, their personal characteristics, which influenced their diagnosis and treatment decisions, were also not evaluated.

This article aims to investigate the diagnosis and treatment methods of caries lesions in children preferred by the students and dentists from Poltava city, and to explore factors influencing their treatment approaches.

MATERIALS AND METHODS OF RESEARCH

This study was conducted in accordance with the principles outlined in the Declaration of Helsinki. Ethical approval for the study involving human subjects was granted by the Ethical Issues and Biomedical Ethics Commission of PSMU (August 20, 2025, No. 240). Participants provided informed consent prior to the anonymous questionnaire.

The research tool was questionnaire developed by Tubert-Jeannin et al. [8] and modified by the authors. The fourth- and five-year dental students from Poltava state medical university and the dentists from government-owned and private clinics in Poltava were interviewed. The questionnaire consisted of two parts of a Google form, a link to which was sent to student group chats on Viber. The first part collected data on gender and length of dental service (assistance for students), while the second part consisted of close-ended questions MCQ about three clinical scenarios and proximal carious lesions. Two of the clinical scenarios had a photo of a questionable occlusal lesion of a permanent molar with a brief explanation and three questions regarding the diagnosis, management of caries, and restorative material. The third scenario illustrated different clinical manifestations of caries on the occlusal surface of a lower primary molar with the question, "Which lesion do you think requires immediate operative treatment?"

Statistical analysis of the results was performed using descriptive statistics [9]. Categorical variables are presented as percentages of the total number of students or dentists. The collected data were processed with free and accessible Libre Office Calc from Libre Office 25.2.0 and the free Medcalc online statistical calculator (https://www.medcalc.org/calc/comparison_of_proportions.php). The data were represented in the tables and figures. Pearson's chi-square test was used to analyze associations between categorical variables [10]. The results were analyzed with a significance level of $p<0.05$.

RESULTS AND DISCUSSION

Responses were obtained from 144 of 203 students (response rate=70.94%), and 59 of 71 dentists (response rate=83,10%). Females constituted the majority of the students (59.72%) and the dentists

(84.75%). Among the students 18.06% had no assistance experience in operative dentistry, 2.08% worked less 1 year, 31.94% – 1 year, 19.44% – 2 years, and 28.47% – 3 years. Among the dentists 25.42% worked 1-5 years, 10.17% – 10-15 years, 10.17% – 16-20 years, 28.81% – 21-25 years, and 25.42% of the dentists worked more 25 years.

Only 2.7% of the students believed that radiographs estimate the true depth of a proximal carious lesion compared with clinical findings, while 66.1% of the dentists agreed with this statement (CI=50.02-74.28%, p<0.05) (Table).

The restoration threshold for approximal lesions. Opinion of participants

Question	Answer	DS, %	DP, %
Radiographic appearance of an approximal caries, compared to clinical observations, usually indicates	underestimation of the actual depth	29.7	23.73
	the real depth	2.7	66.1*
	overestimation of the actual depth	67.6	10.17
The average time when a proximal lesion progresses from outer enamel to dentin (in the permanent dentition)	Less than 6 months	66.9	84.75*
	12 months	25.5	10.17
	from 13 to 23 months	6.9	5.08
	More than 24 months	0.7	0
If a proximal lesion is radiographically detected near the enamel-dentin junction (EDJ), it must be left unrestored for the least 6 months to determine if it is an active lesion and to evaluate its progression rate	Agree	55.2	57.63
	Disagree	35.9	27.12
	I do not know	8.9	15.25
Cavitation of a proximal lesion is usually not visible with the naked eye even if the lesion has reached the EDJ	Agree	49.7	57.63
	Disagree	37.2	25.42
	I do not know	13.1	16.95
What is the most important?	To fill all carious teeth (a)	56.6	50.85
	Not to fill sound teeth unnecessarily (b)	7.6	0
	Risks of error (a and b) have equal importance	35.9	49.15

Note. *p<0.05 by the chi-square test.

There was a difference in the respondents` responses with regard to the time (less 6 months) it would take for an approximal lesion to progress from outer enamel to dentin (66.9% of the students and 84.75% of the dentists; CI=4.5-28.51%, p<0.05). 57.62% of the dentists and 55.2% of the students (p>0.1) would monitor a lesion detected radiographically near the EDJ for six months in order to determine whether it was active and to evaluate its rate of progression. Nearly 57% of the dentists believe that an approximal lesion is not visible by a naked eye even if the lesion has reached the EDJ, and 49.7% of the students agreed with this statement (p>0.1). Nearly half of dentists and students believed that it is very important to fill all carious lesions. To avoid treatment of sound teeth was the option for 7.6% the students.

56.25% of the students and 77.97% of the dentists (CI=7.31-33.63%, p<0.05) diagnosed enamel caries in the first clinical scenario (tooth 26 of a 15-year-old patient with a low risk of caries (Fig. 1). However, 36.11% of the students and 6.78% of the dentists did not find caries (CI=17.37-38.42%, p<0.05). Consequently, 25.69% of the students compared to 8.47% of the dentists chose denying treatment in this case (CI=5.43-26.30%, p<0.05). The students chose mostly fissure sealing (38.19%) for the treatment of this lesion compared to 15.25% of the dentists (CI=9.39-33.69%, p<0.05). Preventive restoration was popular among 37.29% of the dentists compared to 10.42% of the students (CI=14.13-40.24%, p<0.05).

There was statistical difference between the students (43.06%) and dentists (72.88%) in their choice of operative methods of caries treatment (preparation of whole fissure, preparation of carious part of fissure, and preventive restoration) (χ^2=29.82, CI=14.91-42.25; p=0.0001). Choice of treatment method depended on the student`s length of dental service ($\chi$2=37.23, p=0.001), but it did not depend on the dentist`s length of service (p>0.5). In the case of deciding to conduct an operative restoration of this tooth, most students (86.02%) and dentists (94.91%) preferred a composite resin.

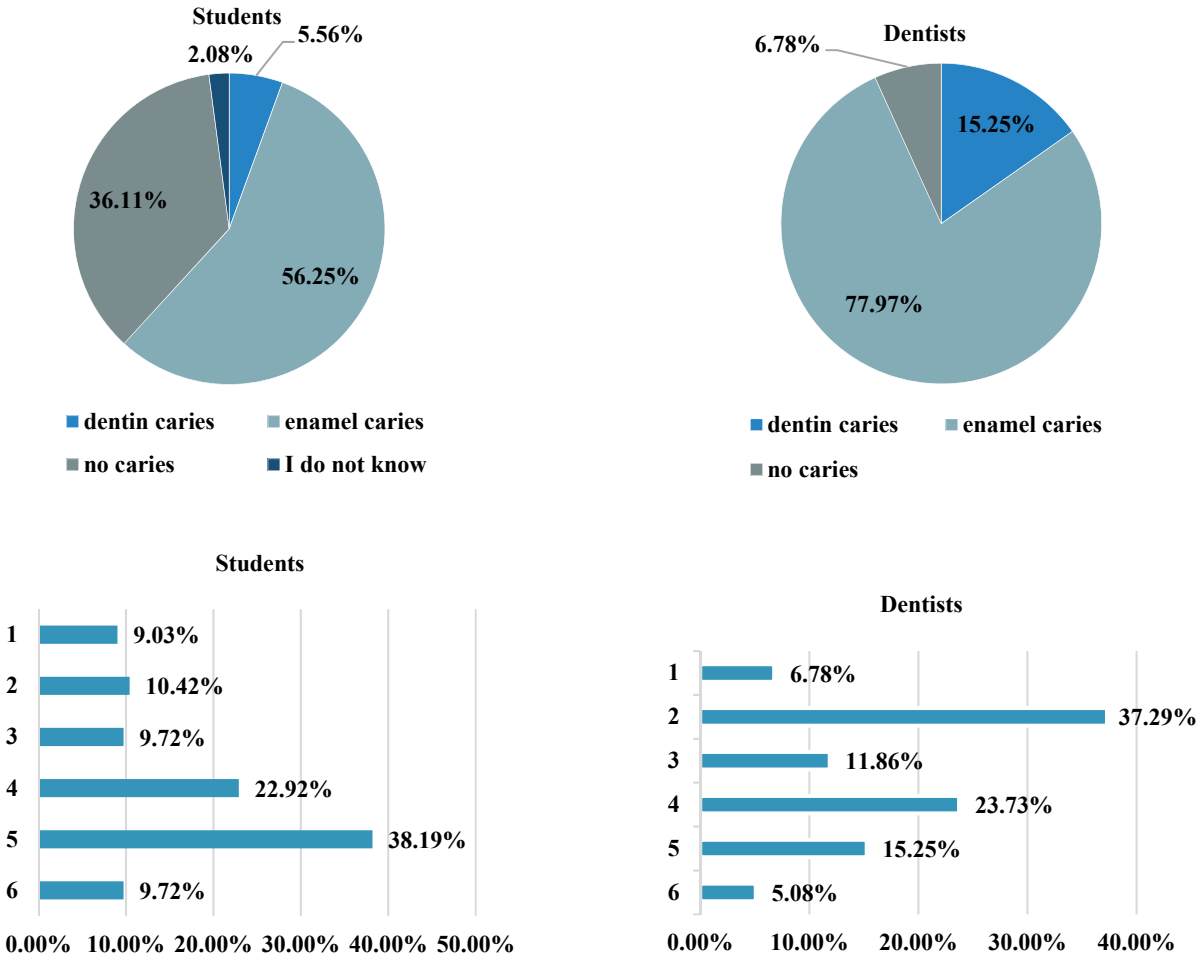
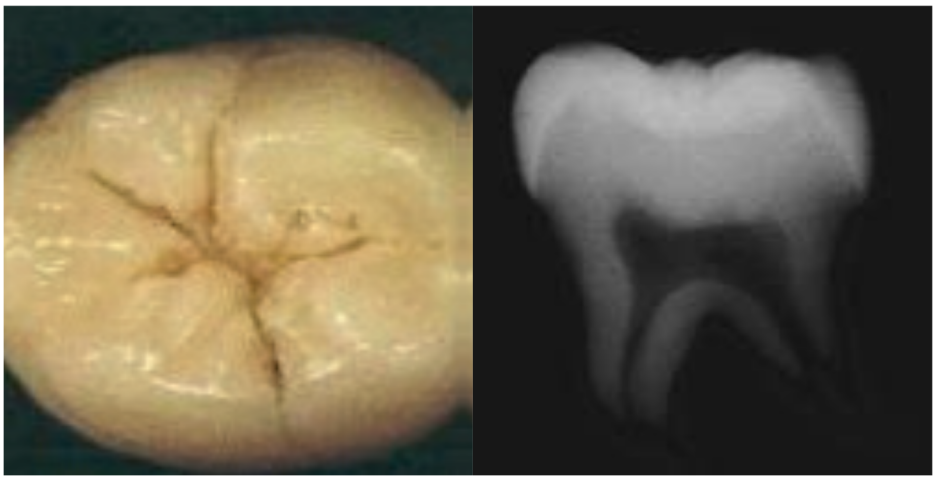


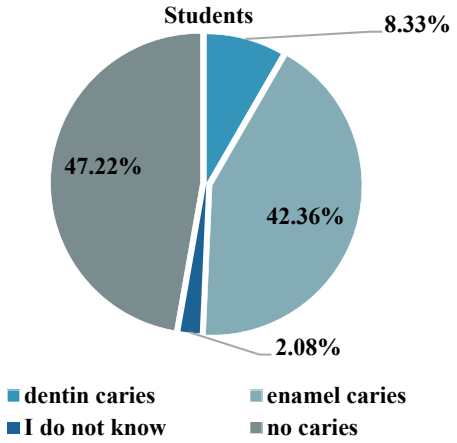
Fig. 1. Respondents' diagnoses (pie charts) and treatment suggestions (bar charts) for tooth 26 (1=fluoride treatment; 2=preventive restoration; 3=preparation of whole fissure; 4=preparation of carious part; 5=fissure sealing; 6=no treatment)

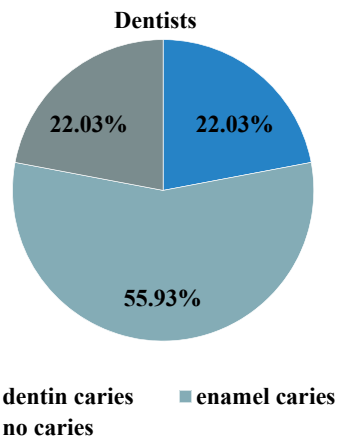
42.36% of the students and 55.93% of the dentists (CI= -1.4807-27.7964%, p>0.05) diagnosed enamel caries in the second clinical scenario (the 46 tooth of a 15-year-old patient with a low risk of caries) (Fig. 2).

However, 47.22% of the students and 22.03% of the dentists failed to detect caries in this case (CI=10.69-37.07%, p<0.05), which was higher compared to the dentists answers for the first clinical scenario (CI=2.45-28.02%, p<0.05). Consequently, 25.69% of the students chose denying treatment vs 8.47% of the dentists (CI=5.43-26.29%, p<0.05). The dentists chose more often preventive resin restoration

compared to the students (CI=5.36-29.29%, p<0.05), but they preferred mostly preparation of carious part of fissure (35.59%). There was statistical difference between the students (38.2%) and the dentists (66.09%) in their choice of operative methods of caries treatment ($\chi 2$=27.89, CI=12.77-41.02; p=0.0003). There was no association found between treatment method and the length of dental service in the students and doctors (p>0.5). In the case of deciding to conduct an operative restoration, most students (73.61%) and dentists (64.4%) preferred a composite resin to restore this tooth. The sex of the respondents had no influence on restorative treatment threshold (p>0.5).







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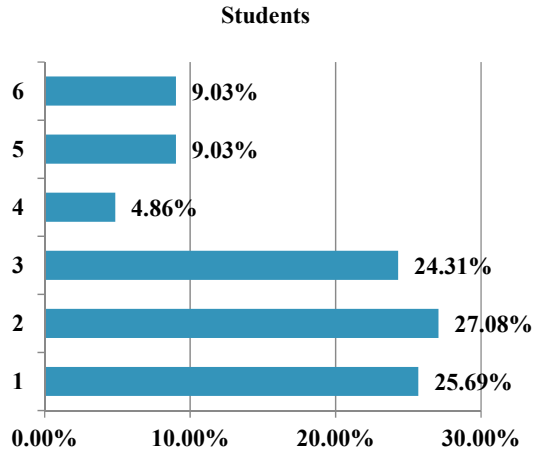


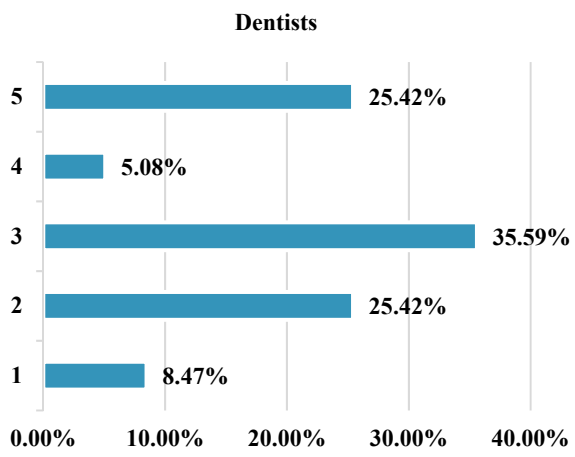
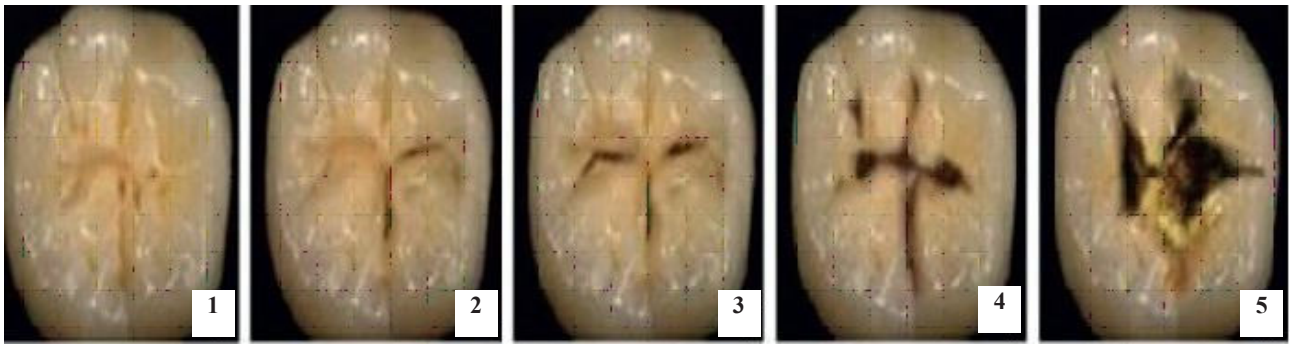


Fig. 2. Respondents' diagnoses (pie charts) and treatment suggestions (bar charts) for tooth 27 (1=no treatment; 2=fissure sealing; 3=preparation of carious part; 4=preparation of whole fissure; 5=preventive restoration; 6=fluoride treatment)

There was no difference in choice of operative treatment for caries stages between the dentists and the students (Fig. 3). Over half of the students and dentists surveyed would restore an occlusal lesion confined by the enamel (ICDAS 2-3, photo 2), while more than 90% would restore lesions that have reached the dentin.



1	2	3	4	5
White or discolored enamel, no cavitation clinically, no radiographic signs of caries	Minor loss of tooth substance with a break in the enamel surface or discolored surface with grey or opaque enamel and/or caries confined by enamel. No radiopgraphic signs of caries	Moderate loss of tooth structure, radiolucency in the outer dentin	Large loss of tooth structure, radiolucency in the middle third of dentin	Extensive loss of tooth structure, radiolucency in the inner third of dentin

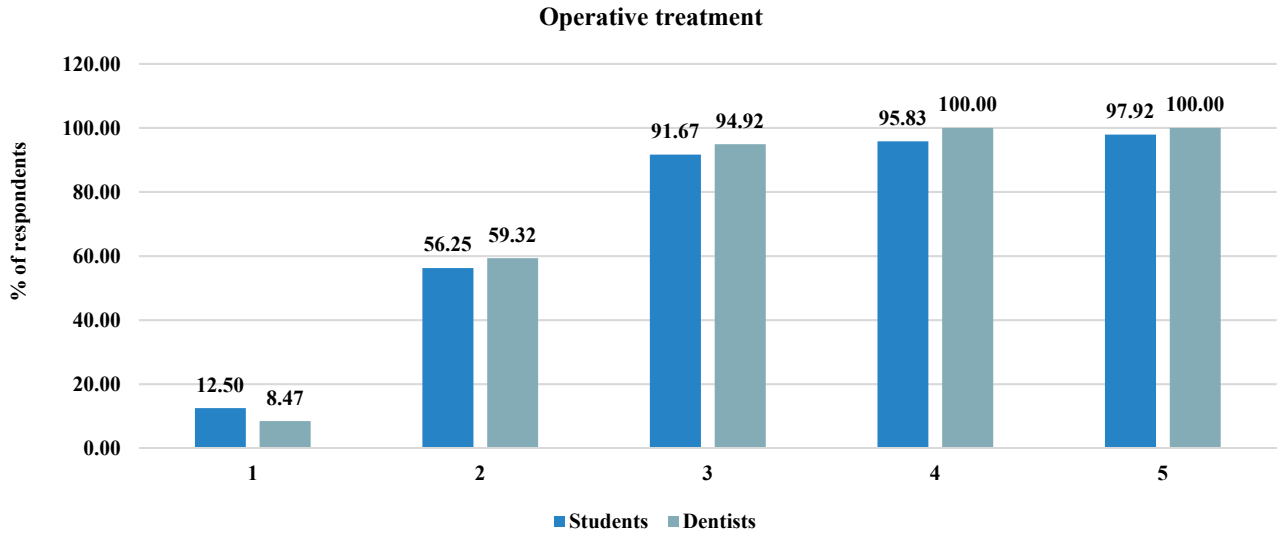


Fig. 3. Restorative threshold of occlusal lesions. Opinion of the participants

This cross-sectional study compared the choice of treatment methods for carious lesions in children with low caries risk by dental students at PSMU and dentists in the city of Poltava. Considering the opinions of the studied respondents about approximal carious lesions, it is evident that the students strongly underestimated radiographs in caries diagnosis. The students and dentists surveyed held similar views regarding the monitoring of approximal lesions located near the dentin-enamel junction. However, due to clinical experience, the interviewed dentists better understood the progression of caries from the outer enamel to the dentin.

Newly erupted molars are often susceptible to caries due to plaque accumulation with different microbial species [11]. 56.25% of the studied students diagnosed enamel caries (ICDAS 2-3) in the first clinical scenario, which was in concordance with the results of Colombian students (49.4%, $p>0.1$) [12]. Furthermore, no significant difference was observed in

the treatment decisions for this case between the Ukrainian and Colombian dentists and students (p>0.1).

In the second clinical scenario, 42.36% of the interviewed students identified enamel caries (ICDAS 2-3) i.e. rates higher compared to the Colombian students (27.7%; CI=4.11-24.79%, p<0.05) [10]. 38.2% of the interviewed students chose operative treatment for this case, i.e. rates higher compared to Colombian students (25.26%; CI=2.9-22.85%, p=0.01); these results might be explained by the fact that the Colombian students more often chose 'no caries' compared to the Ukrainian students (63.9% vs 47.22%; CI=5.9317-26.9632%, p<0.05). The answers of the Ukrainian and Columbian dentists about operative treatment of this case showed the same trend (66.09% and 17.64%, respectively p<0.001) [12].

The respondents showed significant differences in choice of treatment methods for the occlusal carious lesions of permanent teeth. In the first clinical scenario, the choice of treatment depended on students' length of dental service and they predominantly chose fissure sealing, whereas the dentists preferred preventive restoration with resin. The above-mentioned data suggested that students were familiar with similar scenarios encountered during their dental assistance and likely knew more about non-operative methods from their university program. The authors did not find statistically significant dependences between treatment method for the second scenario and length of dental service that might be related to a higher percentage of students and dentists failed to identify caries. The majority of both the interviewed students and dentists chose composite resins for restorations. This is mainly due to the mechanical, polishing, and adhesive properties of these materials [13].

Recent clinical guidelines have introduced a non-restorative treatment approach in the management of early stages of caries [7]. In the first and second clinical scenarios, dentists predominantly chose operative treatment methods, which was significantly higher than the rates observed among students. Approximately 56.2%-59.3% of the respondents answered that ICDAS 2-3 lesions in primary molars require immediate operative treatment. This suggests that Ukrainian dentists intervene earlier in the carious process than their counterparts in France [4] and Taiwan [14], but later than dentists do in other countries [15, 16] In the recent study [17], 90% of the members of the Israeli Society of Pediatric Dentistry preferred minimal preparation (operative treatment) for lesions as early as ICDAS 2-3.

The high caries prevalence, which makes up approximately 61% among 12-year-old children in Poltava [18], might have prompted participants to choose more invasive operative treatments than those recommended by the ICCMS system. Furthermore, Ukrainian dentists might still adhere to outdated clinical protocols that favor operative management for enamel microcavities (ICDAS 3).

In addition, respondents' treatment decisions may be influenced by the constraints of the healthcare system, including both public and private sectors. These findings necessitate a comprehensive update of existing pedagogical frameworks and continuing education for dental professionals.

CONCLUSION

1. The students surveyed did not place sufficient importance on radiographs in diagnosis of proximal lesions.
2. Students' length of dental assistance was a major factor influencing their treatment decisions for enamel caries.
3. The majority of surveyed dentists disagreed with current recommendations for treatment enamel lesions, preferring operative intervention to a non-operative approach. This suggests that academic institutions should make conservative and restorative dentistry a priority area.

Contributors:

Kaskova L.F. – project administration, supervision;

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Pavlenkova O.S. – writing – review & editing;

Ulasevich L.P. – writing – review & editing.

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