#### **OPEN ACCESS**



# International Journal of Dentistry and Oral Science (IJDOS) ISSN: 2377-8075

# Prevalence and Association of Children Requiring Stainless Steel Crown in Maxillary First Permanent Molars

Research Article

Kiruthika Patturaja<sup>1</sup>, Ganesh Jeevanandan<sup>2\*</sup>, Iffat Nasim<sup>3</sup>

<sup>1</sup>Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai 600077, Tamil Nadu, India. <sup>2</sup>Reader, Department of Pedodontics, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai 600077, Tamil Nadu, India.

<sup>3</sup>Professor and HOD, Department of Conservative Dentistry and Endodontics, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai 600077, Tamil Nadu, India.

#### Abstract

Stainless steel crown also known as preformed metal crowns are utilized for providing full coverage to young permanent teeth and extensively used restorative material in permanent teeth. The present study aims to find the prevalence and association of children requiring stainless steel crowns in maxillary first permanent molar. A retrospective study was done by collecting required datas in University hospital between June 2019-March 2020. Datas on age, gender and tooth requiring stainless steel crown in maxillary first permanent molar were obtained after reviewing 5,000 case sheets. Descriptive statistics and chi- square test was done using SPSS statistical analyser 20.0. The prevalence rate of children requiring stainless steel crowns in maxillary permanent first molars was 1.02% (n=51). The prevalence of children requiring stainless steel crown in maxillary permanent with age (p=0.638) and gender (p=0.921) in children .Within the limitations of the study , there is no statistically significant association between gender, age and stainless steel crown requirement in children.

Keywords: Children; Permanent Molar; Prevalence; Stainless Steel Crown.

## Introduction

First permanent molars are multi-cuspid teeth erupting in the oral cavity at around 6 years of age, forming the key to permanent dentition having increased susceptibility to dental caries[42, 48]. First permanent molars have an influence on masticatory function, occlusal height and vertical dimension maintenance, serving powerful aid for young age in planning proper health care systems [13, 19]. Permanent molars have higher susceptibility to occlusal caries than proximal caries in adolescents due to large pulp chambers and proximity of pulp horns to cusp tips having increased patency to dentinal tubules. Besides caries prevalence, permanent molars and incisors are more susceptible to hypomineralisation and hypoplastic which breaks down first permanent molar at a younger age leading to challenges in treatment [46, 16, 15, 12, 55, 49].

Stainless steel crowns were the choice of final provisional resto-

ration as they were pre-formed, pre trimmed and pre contoured crown with a wide range of sizes and with proven clinical efficiency which can be adapted to individual teeth [26, 46]. Stainless steel crowns were first introduced by "Rocky Mountain" company and later modified by various manufacturers. Stainless steel crowns are used to restore multi surface caries ,fractured tooth , post endodontic restoration in both primary and young permanent dentition [15, 40, 22, 27, 33], restoration of developmental problems , abutment for space maintainers and preventive restoration in disabled children [14]. Stainless steel crowns have the advantage of convenience, low cost, durability and longevity to protect the tooth surface. The disadvantage of stainless steel crown is unaesthetic appearance due to metallic look, known nickel allergy or sensitivity and periodontal problem [45]. Stainless steel crowns have been reported to have superior longevity when compared to other conventional restorations. Adult stainless steel crowns are used as interim restoration on young permanent teeth, until permanent restoration can be placed thus providing optimal time

\*Corresponding Author: Ganesh Jeevanandan Reader, Department of Pedodontics, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, 162, PH Road, Chennai 600077, Tamil Nadu, India. Tel: 9884293869 E-mail: ganesh.sdc@saveetha.com Received: July 30, 2021

Accepted: August 11, 2021 Published: August 18, 2021

Citation: Kiruthika Patturaja, Ganesh Jeevanandan, Iffat Nasim. Prevalence and Association of Children Requiring Stainless Steel Crown in Maxillary First Permanent Molars. Int J Dentistry Oral Sci. 2021;8(8):4101-4104. doi: http://dx.doi.org/10.19070/2377-8075-21000837

Copyright: Ganesh Jeevanandan<sup>©</sup>2021. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Kiruthika Patturaja, Ganesh Jeevanandan, Iffat Nasim. Prevalence and Association of Children Requiring Stainless Steel Crown in Maxillary First Permanent Molars. Int J Dentistry Oral Sci. 2021;8(8):4101-4104.

for replacement [8, 18, 29]. Previously our team has a rich experience in working on various research projects across multiple disciplines [20-55]. Now the growing trend in this area motivated us to pursue this project.

Hence the present study aims to find the prevalence and association of children requiring stainless steel crowns in permanent first maxillary molar.

#### Materials and Methods

A retrospective cross sectional study was conducted in an University hospital .The study was employed by reviewing and analyzing case records of 5,000 paediatric patients visiting the University hospital between June 2019 to March 2020. A total of 51 subjects (24 males and 27 females) below the age of 15 years who required and underwent treatment for placement of stainless steel crown in maxillary first permanent molar were selected as study participants. The study protocol was approved by the Institute Review Board under ethical approval number SDC/SIHEC/2020/DI-ASDATA/0619-0320. Cross verification of datas was done from available clinical photographs.

Data on patients' age, gender and prevalence of tooth requiring stainless steel crown was collected and tabulated in Microsoft Excel. Incomplete or missing datas were not considered for the analysis. The age of the patients in the case records was categorized for the convenience of statistical analysis such as 5-10 years, 11-15 years. The maxillary first permanent molar requiring crown was categorized into right, left side designated by tooth number by FDI system as 16, 26 respectively. The obtained datas were imported to SPSS statistical analysis of version 20.0. Descriptive statistics and chi- square tests were done for the obtained data. A p-value or less than 0.05 was considered to be statistically significant.

### **Results & Discussion**

From the total of 5000 case sheets reviewed, 51 subjects (24 males and 27 females ) required stainless steel crown in maxillary first

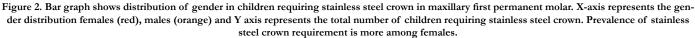
permanent molar .The prevalence rate of children with stainless steel crown requirement in maxillary first permanent molar was 1.02%. Figure 1 shows the age distribution of children requiring stainless steel crown in maxillary first permanent molar. 15.7% of subjects were between the age group of 5-10 years and 84.3% were between 10-15 years .Figure 2 shows the gender distribution of children requiring stainless steel crown. Based on gender distribution 47% were males and 53% were females who required stainless steel crowns in maxillary first permanent molar. Figure 3 shows age distribution based on teeth requiring stainless steel crown, of the total population 54.9% had stainless steel crown in the right permanent maxillary first molar (tooth number 16) while 45.1% had stainless steel crown in left permanent maxillary first molar (tooth number 26) .Chi-square test shows there is no statistical significance for association between age and stainless steel crown requirement in permanent maxillary first molar p=0.638. Figure 4 shows distribution of gender based on prevalence of stainless steel crown, about 53% of females had higher prevalence of stainless steel crown requirement than males 47% .Chi-square test for association of gender and prevalence of stainless steel crown shows that there is no statistically significant association between gender and stainless steel crown requirement p=0.921. The present study has yielded results on prevalence and association of stainless steel crown requirement in children based on age and gender.

The present study findings show that females are more prevalent and require stainless steel crowns than males, but there was no statistical significance. Similar findings, Page et al analysis on attitude of children for stainless steel crown on primary molar found no statistical significance for gender [31]. Madi et al, found females having pulpally involved caries in permanent teeth more than males [1]. These findings suggest the females have earlier eruption of tooth than males due to early onset of growth spurt and have more liability to complain to get treatment for their tooth [50].

Present study findings show that children between the age group of 10-15 years have a higher incidence of stainless steel crown than lower age group. Szymaczh found higher caries prevalence

Figure 1. Bar graph showing age distribution of the children. X axis represents the age group 5-10 years (red) ,11-15 years (pink) and Y axis represents the total number of children requiring stainless steel crown in maxillary first permanent molar .Frequency of stainless steel crown requirement is more prevalent in the age group of 11-15 years.





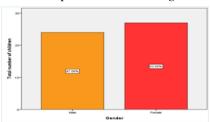


Figure 3. Bar graph showing association between age and stainless steel crown requirement in maxillary first permanent molar. X axis represents the age of the children and Y axis represents the children requiring stainless steel crown in maxillary first permanent molar. Higher prevalence of stainless steel crown requirement in 16 (violet) than 26 (yellow) in the age group of 11-15 years. The association between age and teeth requiring stainless steel crown was found to be statistically insignificant p value of 0.638, p>0.05 (Chi square test).

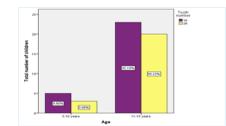


Figure 4. Bar graph showing association of gender and stainless steel crown requirement in maxillary first permanent molar. X axis represents gender of the children and Y axis represents the children requiring stainless steel crown in maxillary first permanent molar. Higher prevalence of stainless steel crown requirement in 16 (violet) than 26 (yellow) among females. The association between gender and teeth requiring stainless steel crown was found to be statistically insignificant p value of 0.921, p>0.05 (Chi square test).



with enamel hypoplasia in children of 6-8 years of age [28]. Dicepolo et al, children of 12 years or older groups have increased risk of failure of stainless steel crown due to changes in occlusion and found younger groups to be more successful and benefited [7].

It has been reported that overhanging margins with poor adaptation of stainless steel crown in primary tooth may lead to impaction of permanent first molar [6]. Stainless steel crown as interim restoration has been found to perform satisfactorily in young adults in severely compromised teeth [7]. Stainless steel crown however is recognised for its cost-effectiveness, efficiency in terms of durability and longevity in the majority of the cases.

However potential limitations may have an impact on the outcome of the results such as limited sample size, geographic location and limited data variables for comparison. Further research to be done on a large scale to find the prevalence of stainless steel crown requirement in young permanent tooth. There should be increased awareness on maintenance of oral hygiene and regular dental checkups among parents and caregivers such that early innervations on caries control by fluoridation and sealants will prevent progression of caries in children .Long term follow up to be done for tooth treated with interim restoration so as to improve the prognosis . Our institution is passionate about high quality evidence based research and has excelled in various fields [20-55]. We hope this study adds to this rich legacy.

### Conclusion

Within the limitations of the study, there is no statistically significant association between gender, age and stainless steel crown requirement in children. The prevalence rate of children requiring stainless steel crown in maxillary permanent molars was significantly less. Early innervations and preventive measures of treatment should be promoted to prevent future complications.

#### References

- Al-Madi EM. Prevalence of pulpally involved permanent teeth in Saudi schoolchildren. Int Dent J. 2004 Aug;54(4):206-10. Pubmed PMID: 15335091.
- [2]. American Academy on Pediatric Dentistry Clinical Affairs Committee-Restorative Dentistry Subcommittee; American Academy on Pediatric Dentistry Council on Clinical Affairs. Guideline on pediatric restorative dentistry. Pediatr Dent. 2008-2009;30(7 Suppl):163-9. Pubmed PMID: 19216416.
- [3]. Ashok V, Ganapathy D. A geometrical method to classify face forms. J Oral Biol Craniofac Res. 2019 Jul-Sep;9(3):232-235. doi: 10.1016/j.jobcr.2019.06.001. Pubmed PMID: 31198677.
- [4]. Chandrasekar R, Chandrasekhar S, Sundari KKS, Ravi P. Development and validation of a formula for objective assessment of cervical vertebral bone age. Prog Orthod. 2020 Oct 12;21(1):38. Pubmed PMID: 33043408.
- [5]. Christabel SL, Linda Christabel S. Prevalence of type of frenal attachment and morphology of frenum in children, Chennai, Tamil Nadu. World J Dent. 2015 Oct;6(4):203-7.
- [6]. Croll TP, McKay MS, Castaldi CR. Impaction of permanent posterior teeth by overextended stainless steel crown margins. J Pedod. 1981 Spring;5(3):240-4. Pubmed PMID: 6945430.
- [7]. Discepolo K, Sultan M. Investigation of adult stainless steel crown longevity as an interim restoration in pediatric patients. Int J Paediatr Dent. 2017 Jul;27(4):247-254. Pubmed PMID: 27474894.
- [8]. Donly KJ. Restorative dentistry for children. Dent Clin North Am. 2013 Jan;57(1):75-82. Pubmed PMID: 23174611.
- [9]. Ezhilarasan D. Oxidative stress is bane in chronic liver diseases: Clinical and experimental perspective. Arab J Gastroenterol. 2018 Jun;19(2):56-64. Pubmed PMID: 29853428.
- [10]. Ezhilarasan D, Apoorva VS, Ashok Vardhan N. Syzygium cumini extract induced reactive oxygen species-mediated apoptosis in human oral squamous carcinoma cells. J Oral Pathol Med. 2019 Feb;48(2):115-121. Pubmed PMID: 30451321.
- [11]. Ezhilarasan D, Sokal E, Najimi M. Hepatic fibrosis: It is time to go with hepatic stellate cell-specific therapeutic targets. Hepatobiliary Pancreat Dis Int. 2018 Jun;17(3):192-197. Pubmed PMID: 29709350.
- [12]. Ramakrishnan M, Shukri M. Fluoride, Fluoridated Toothpaste Efficacy And Its Safety In Children-Review. International Journal of Pharmaceutical Research. 2018 Oct 1;10(04):109-14.
- [13]. Govindaraju L, Gurunathan D. Effectiveness of Chewable Tooth Brush in Children-A Prospective Clinical Study. J Clin Diagn Res. 2017 Mar;11(3):ZC31-ZC34. Pubmed PMID: 28511505.
- [14]. Govindaraju L, Jeevanandan G, Subramanian E. Clinical Evaluation of Quality of Obturation and Instrumentation Time using Two Modified Rotary File Systems with Manual Instrumentation in Primary Teeth. J Clin Diagn Res. 2017 Sep;11(9):ZC55-ZC58. Pubmed PMID: 29207834.

- [15]. Govindaraju L, Jeevanandan G, Subramanian EMG. Comparison of quality of obturation and instrumentation time using hand files and two rotary file systems in primary molars: A single-blinded randomized controlled trial. Eur J Dent. 2017 Jul-Sep;11(3):376-379. Pubmed PMID: 28932150.
- [16]. Govindaraju L, Jeevanandan G, Subramanian EM. Knowledge and practice of rotary instrumentation in primary teeth among indian dentists: A questionnaire survey. Journal of International Oral Health. 2017 Mar 1;9(2):45.
- [17]. Gupta P, Ariga P, Deogade SC. Effect of Monopoly-coating Agent on the Surface Roughness of a Tissue Conditioner Subjected to Cleansing and Disinfection: A Contact Profilometric In vitro Study. Contemp Clin Dent. 2018 Jun;9(Suppl 1):S122-S126. Pubmed PMID: 29962776.
- [18]. Gurunathan D, Shanmugaavel AK. Dental neglect among children in Chennai. J Indian Soc Pedod Prev Dent. 2016 Oct-Dec;34(4):364-9. Pubmed PMID: 27681401.
- [19]. HZ, Zeraati H, Ghandahari Motlagh M. An Investigation on DMFT and DMFS of First Permanent Molars in 12 Year Old Blind Children in Residential Institutes for Blinds in Tehran, Iran', Journal of Medical Sciences(Faisalabad). 2006;1-4.
- [20]. Jain AR. Prevalence of partial edentulousness and treatment needs in rural population of South India. World Journal of Dentistry. 2017 Jun;8(3):213-7.
- [21]. Jeevanandan G. Kedo-S Paediatric Rotary Files for Root Canal Preparation in Primary Teeth - Case Report. J Clin Diagn Res. 2017 Mar;11(3):ZR03-ZR05. Pubmed PMID: 28511532.
- [22]. Jeevanandan G, Govindaraju L. Clinical comparison of Kedo-S paediatric rotary files vs manual instrumentation for root canal preparation in primary molars: a double blinded randomised clinical trial. Eur Arch Paediatr Dent. 2018 Aug;19(4):273-278. Pubmed PMID: 30003514.
- [23]. Ke Y, Al Aboody MS, Alturaiki W, Alsagaby SA, Alfaiz FA, Veeraraghavan VP, Mickymaray S. Photosynthesized gold nanoparticles from Catharanthus roseus induces caspase-mediated apoptosis in cervical cancer cells (HeLa). Artif Cells Nanomed Biotechnol. 2019 Dec;47(1):1938-1946. Pubmed PMID: 31099261.
- [24]. Krishnan RP, Ramani P, Sherlin HJ, Sukumaran G, Ramasubramanian A, Jayaraj G, Don KR, Santhanam A. Surgical Specimen Handover from Operation Theater to Laboratory: A Survey. Ann Maxillofac Surg. 2018 Jul-Dec;8(2):234-238. Pubmed PMID: 30693238.
- [25]. Mathew MG, Samuel SR, Soni AJ, Roopa KB. Evaluation of adhesion of Streptococcus mutans, plaque accumulation on zirconia and stainless steel crowns, and surrounding gingival inflammation in primary molars: randomized controlled trial. Clin Oral Investig. 2020 Sep;24(9):3275-3280. Pubmed PMID: 31955271.
- [26]. Messer LB, Levering NJ. The durability of primary molar restorations: II. Observations and predictions of success of stainless steel crowns. Pediatr Dent. 1988 Jun;10(2):81-5. Pubmed PMID: 3269527.
- [27]. Nair M, Jeevanandan G, Vignesh R, Subramanian EM. Comparative evaluation of post-operative pain after pulpectomy with k-files, kedo-s files and mtwo files in deciduous molars-a randomized clinical trial. Brazilian dental science. 2018 Oct 24;21(4):411-7.
- [28]. Opydo-Szymaczek J, Gerreth K. Developmental Enamel Defects of the Permanent First Molars and Incisors and Their Association with Dental Caries in the Region of Wielkopolska, Western Poland. Oral Health Prev Dent. 2015;13(5):461-9. Pubmed PMID: 25431802.
- [29]. Packiri S, Gurunathan D, Selvarasu K. Management of Paediatric Oral Ranula: A Systematic Review. J Clin Diagn Res. 2017 Sep;11(9):ZE06-ZE09. Pubmed PMID: 29207849.
- [30]. Padavala S, Sukumaran G. Molar Incisor Hypomineralization and Its Prevalence. Contemp Clin Dent. 2018 Sep;9(Suppl 2):S246-S250. Pubmed PMID: 30294152.
- [31]. Page LA, Boyd DH, Davidson SE, McKay SK, Thomson WM, Innes NP. Acceptability of the Hall Technique to parents and children. N Z Dent J. 2014 Mar;110(1):12-7. Pubmed PMID: 24683915.
- [32]. Palati S, Ramani P, Shrelin HJ, Sukumaran G, Ramasubramanian A, Don KR, Jayaraj G, Santhanam A. Knowledge, Attitude and practice survey on the perspective of oral lesions and dental health in geriatric patients residing in old age homes. Indian J Dent Res. 2020 Jan-Feb;31(1):22-25. Pubmed PMID: 32246676.
- [33]. Panchal V, Jeevanandan G, Subramanian E. Comparison of instrumentation time and obturation quality between hand K-file, H-files, and rotary Kedo-S in root canal treatment of primary teeth: A randomized controlled trial. J Indian Soc Pedod Prev Dent. 2019 Jan-Mar;37(1):75-79. Pubmed PMID: 30804311.
- [34]. Pandian KS, Krishnan S, Kumar SA. Angular photogrammetric analysis of the soft-tissue facial profile of Indian adults. Indian J Dent Res. 2018 Mar-Apr;29(2):137-143. Pubmed PMID: 29652003.
- [35]. Paramasivam A, Vijayashree Priyadharsini J, Raghunandhakumar S. N6-

adenosine methylation (m6A): a promising new molecular target in hypertension and cardiovascular diseases. Hypertens Res. 2020 Feb;43(2):153-154. Pubmed PMID: 31578458.

- [36]. J PC, Marimuthu T, C K, Devadoss P, Kumar SM. Prevalence and measurement of anterior loop of the mandibular canal using CBCT: A cross sectional study. Clin Implant Dent Relat Res. 2018 Aug;20(4):531-534. Pubmed PMID: 29624863.
- [37]. Ramadurai N, Gurunathan D, Samuel AV, Subramanian E, Rodrigues SJL. Effectiveness of 2% Articaine as an anesthetic agent in children: randomized controlled trial. Clin Oral Investig. 2019 Sep;23(9):3543-3550. Pubmed PMID: 30552590.
- [38]. Ramamurthy JA, Mg V. Comparison of effect of Hiora mouthwash versus Chlorhexidine mouthwash in gingivitis patients: A clinical trial. Asian J Pharm Clin Res. 2018 Jul 7;11(7):84-8.
- [39]. Ramesh A, Varghese S, Jayakumar ND, Malaiappan S. Comparative estimation of sulfiredoxin levels between chronic periodontitis and healthy patients - A case-control study. J Periodontol. 2018 Oct;89(10):1241-1248. Pubmed PMID: 30044495.
- [40]. Ravikumar D, Jeevanandan G, Subramanian EMG. Evaluation of knowledge among general dentists in treatment of traumatic injuries in primary teeth: A cross-sectional questionnaire study. Eur J Dent. 2017 Apr-Jun;11(2):232-237. Pubmed PMID: 28729799.
- [41]. R H, Ramani P, Ramanathan A, R JM, S G, Ramasubramanian A, K M. CYP2 C9 polymorphism among patients with oral squamous cell carcinoma and its role in altering the metabolism of benzo[a]pyrene. Oral Surg Oral Med Oral Pathol Oral Radiol. 2020 Sep;130(3):306-312. Pubmed PMID: 32773350.
- [42]. Risse G. The angulation of upper 1st permanent molars, the key to functional occlusion. Artikel Fach J. 2005;1:1-9.
- [43]. Samuel SR. Can 5-year-olds sensibly self-report the impact of developmental enamel defects on their quality of life? Int J Paediatr Dent. 2021 Mar;31(2):285-286. Pubmed PMID: 32416620.
- [44]. Samuel SR, Acharya S, Rao JC. School Interventions-based Prevention of Early-Childhood Caries among 3-5-year-old children from very low socioeconomic status: Two-year randomized trial. J Public Health Dent. 2020 Jan;80(1):51-60. Pubmed PMID: 31710096.
- [45]. Seale NS, Randall R. The use of stainless steel crowns: a systematic literature review. Pediatr Dent. 2015 Mar-Apr;37(2):145-60. Pubmed PMID: 25905656.
- [46]. Somasundaram S, Ravi K, Rajapandian K, Gurunathan D. Fluoride Content of Bottled Drinking Water in Chennai, Tamilnadu. J Clin Diagn Res. 2015 Oct;9(10):ZC32-4. Pubmed PMID: 26557612.
- [47]. Sridharan G, Ramani P, Patankar S, Vijayaraghavan R. Evaluation of salivary metabolomics in oral leukoplakia and oral squamous cell carcinoma. J Oral Pathol Med. 2019 Apr;48(4):299-306. Pubmed PMID: 30714209.
- [48]. Subramanyam D, Gurunathan D, Gaayathri R, Vishnu Priya V. Comparative evaluation of salivary malondialdehyde levels as a marker of lipid peroxidation in early childhood caries. Eur J Dent. 2018 Jan-Mar;12(1):67-70. Pubmed PMID: 29657527.
- [49]. Taylor GD, Pearce KF, Vernazza CR. Management of compromised first permanent molars in children: Cross-Sectional analysis of attitudes of UK general dental practitioners and specialists in paediatric dentistry. Int J Paediatr Dent. 2019 May;29(3):267-280. Pubmed PMID: 30657228.
- [50]. Thylstrup A, Fejerskov O. A scanning electron microscopic and microradiographic study of pits in fluorosed human enamel. Scand J Dent Res. 1979 Apr;87(2):105-14. Pubmed PMID: 292157.
- [51]. Varghese SS, Ramesh A, Veeraiyan DN. Blended Module-Based Teaching in Biostatistics and Research Methodology: A Retrospective Study with Postgraduate Dental Students. J Dent Educ. 2019 Apr;83(4):445-450. Pubmed PMID: 30745352.
- [52]. Vijayashree Priyadharsini J. In silico validation of the non-antibiotic drugs acetaminophen and ibuprofen as antibacterial agents against red complex pathogens. J Periodontol. 2019 Dec;90(12):1441-1448. Pubmed PMID: 31257588.
- [53]. Vijayashree Priyadharsini J, Smiline Girija AS, Paramasivam A. In silico analysis of virulence genes in an emerging dental pathogen A. baumannii and related species. Arch Oral Biol. 2018 Oct;94:93-98. Pubmed PMID: 30015217.
- [54]. Vikram NR, Prabhakar R, Kumar SA, Karthikeyan MK, Saravanan R. Ball Headed Mini Implant. J Clin Diagn Res. 2017 Jan;11(1):ZL02-ZL03. Pubmed PMID: 28274084.
- [55]. Zhao D, Dong B, Yu D, Ren Q, Sun Y. The prevalence of molar incisor hypomineralization: evidence from 70 studies. Int J Paediatr Dent. 2018 Mar;28(2):170-179. Pubmed PMID: 28732120.