periodontitis because of adverse habits of smoking, using of tobacco, arecanut, pan etc.(19)

In our study molars were the teeth that had to be extracted more as compared to other teeth. Among the molars mandibular molars(77) were extracted more, compared to maxillary molars (54). The main reason is due to early eruption of teeth predisposing to the environment conditions compared to the other teeth erupting later in which periodontitis can be seen at older age. Oginni also reported that molars are highly susceptible to dental Caries from a very early age group till the older age group(20). Klein, Palmer, reported the above findings in their study on comparison of caries susceptibility of permanent teeth(21).

Present study also shows that incisors(56) were extracted most next to molars. Among incisors, mandibular incisors (56) were extracted more than maxillary incisors (43). Incisors that were extracted was due to Periodontitis at an older age. Incisors, in general do not get carious, but are prone to Periodontitis at an older age group if retained. Daameh, in a study also reported that incisors are extracted more because of Periodontitis in the elderly age group(22). Next to the incisors, premolars were extracted more for mainly orthodontic correction and also because of periodontitis in older age people. Among premolars, mandibular premolars (35) we're extracted more than maxillary premolars (30). Canines were the least extracted because of their anatomic features and periodontal attachment.

Many studies have been done in the past to find out various reasons for extraction of teeth. Most of the studies claim different findings and results. Few factors can be attributed to these differences: these include, type and methodology of the study, socio economic status of the patient, type of tooth being extracted, extent of pathology affecting the tooth, age and gender of the patients, statistical analysis, results etc. These differences in findings and results also reflect patient's attitude dentist's attitude, availability and accessibility of care with prevailing philosophies of care (23).

CONCLUSION

This study reveals that dental caries is the main cause for extraction of teeth followed by periodontitis.. Dental caries affects all age groups both the younger and older age groups while periodontitis is the cause of extraction in older age groups. Females reported for extraction more than males. Molars both mandibular and maxillary molars were extracted more compared to other teeth.

REFERENCES

- Rashmi Saikhedkar a,*, H.C. Neema Evaluation of various factors for extraction of teeth in a rural dental college. journal of Pierre fauchard academy. 2014;28:28-33.
- Chrysanthakopoulos Nikolaosandr. Reasons for extraction of permanent teeth in Greece; a five year follow up study. Int Dent J. 2011;61:19-24.
- The Periodontal Pocket, Ch 27 Fermin A, Paulo M. Text Book of Carranza's Clinical Periodontology by Newman, Takei, Carranza. 10th ed. Elsevier Publications: 2013:438-439
- Phipps KR, Stevens VJ. Relative contribution of caries and periodontal diseases in adults tooth loss for an HMO dental population. J Public Health Dent. 1995;55:250-252.
- Murray H, Locker D, Kay EJ. Patterns and reasons for tooth extraction in general dental practice in Ontario, Canada. Community Dent Oral Epidemiol. 1996;24:196-200.
- Petersen PE, Yamamoto T. Improving the oral health of older people: the approach of the WHO Global Oral Health Programme. Community Dent Oral Epidemiol 2005; 33: 81–92
- Shigli K, Hebbal M, Angadi GS. Relative contribution of caries and periodontal disease in adult tooth loss among patients reporting to institute of dental sciences Belgaum, India. Gerodontology. 2009;26:214-218.
- 8) Caldas AF. Reasons for extraction of teeth in Brazilian dental population. Int Dent J. 2000;50:267-273.
- Akhter R, Hassan NM, Aida J, et al. Risk indicators for tooth loss due to caries and periodontal diseases in recipients of free dental treatment in an adult population in Bangladesh. J Oral Health Prev Dent. 2008;6:199-207
- 10) Byahatti Sujata M, Ingafou Mohd SH. Reasons for extraction in a group of Libyan patients. Int Dent J. 2011;61:199-203.
- Ong G, Yeo JF, Bhole S. A survey of reasons for extraction of permanent teeth in Singapore. Community Dent Oral Epidemiol. 1996;24:12-127.
- Anand PS, Kuriakose S. Causes and patterns of loss of permanent teeth among patients attending a dental teaching institution in south India. J Contemp Dent Pract. 2009;10:57-64.
- Allen EF. Statistical study of primary causes of extraction. J Dent Res. 1944;23:453-458.
- 14) Chauncey H, Glass RL, Alman JE. Dental caries as principal cause of tooth extraction in a sample of US male adults. J Car Res. 1989:23:200-205
- Burt BA, Ismail AI, Morrison EC, et al. Risk factors for tooth loss over a 28 year period. J Dent Res. 1990;69:1126-1130.
- Ong G. Periodontal reasons for tooth loss in an Asian population. J Clin Periodontol. 1996;23:307-309.
- Reich E, Hiller KA. Reasons for extraction of teeth in western states of Germany. Community Dent Oral Epidemiol. 1993;21:379-383.
- 18) Matthews DC, Smith CG, Hanscom SL. Tooth loss in periodontal patients. J Can Dent Assoc. 2001;67:207-210.
- Fardal O, Johanessen AC, Linden GJ. Tooth loss during maintenance following periodontal treatment in a periodontal practice in Norway. J Clin Periodontol. 2004;31:550-555.
- Oginni FO. Tooth loss in a suburban Nigerian population; causes and patterns of mortality revisited. Int Dent J. 2005;55:17-23.
- Klein H, Palmer CE. Studies on dental caries. comparison of the caries susceptibility of the various morphological types of permanent teeth. J Dent Res. 1941;20:203-216.
- Da'ameh D. Reasons for permanent teeth extraction in north of Afghanistan. J Dent. 2006;34:48-51.
- 23) Tooth Loss, Ch 7 Burt. Text Book of Dentistry, Dental Practice and the Community by Burt, Eklund. 4th ed. Philadelphia: W B Saunders Publications; 2001:83-8