

**EVALUATION OF THE ORAL AND DENTAL  
HEALTH OF CHILDREN WITH HEMOPHILIA IN  
JORDAN**

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CHILDREN WITH HEMOPHILIA IN JORDAN**

By

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## تفويض

نحن الموقعين أدناه، نتعهد بمنح جامعة العلوم والتكنولوجيا الأردنية حرية التصرف في نشر محتوى الرسالة الجامعية، بحيث تعود حقوق الملكية الفكرية لرسالة الماجستير إلى الجامعة وفق القوانين والأنظمة والتعليمات المتعلقة بالملكية الفكرية وبراءة الاختراع.

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التوقيع والتاريخ	التوقيع والتاريخ	الرقم الجامعي والتوقيع
.....	.....	<b>20103050012</b>
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## DEDICATION

*Thank you Allah for giving me the strength to reach this day*

*I dedicate this work to....*

*The four pillars of my life: My husband, my parents, my parents in law and my little angel Nour.*

*Without you, my life would fall apart. I might not know where the life's road will take me, but walking with You, God, through this journey has given me strength.*

*Mohannad, you are everything for me, without your love and understanding I would not be able to make it.*

*Mom, you have given me so much, thanks for your faith in me, and for teaching me that I should never surrender.*

*Daddy, you always told me to "reach for the stars." I think I got my first one. Thanks for inspiring my love for transportation.*

*We made it...*

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## ABSTRACT

### EVALUATION OF THE ORAL AND DENTAL HEALTH OF CHILDREN WITH HEMOPHILIA IN JORDAN

By

**Iman Said Nazzal**

**Introduction:** Hemophilia is considered one of the most common bleeding diathesis in children, oral health of patients with hemophilia is not important in developing region, because they usually get less oral health treatment than the healthy population; however they may have complications that can interfere with their health.

**Aims:** The aim of this study is to measure the prevalence of dental caries, gingival plaque, and gingivitis condition in children having hemophilia and match it to healthy children in a sample of Jordanian children.

**Methods and Materials:** This is a case-control study from north and middle districts in Jordan, twenty six children affected with hemophilia were recruited from several hospitals in north and middle districts in Jordan, and they were matched in sex and age with healthy unaffected children. Indices were registered for decayed, missing, and filled surfaces and teeth in both dentitions (dmfs/dmft) / (DMFS/DMFT). The plaque and gingivitis scores were also measured.

**Results:** children with hemophilia had lower bacterial plaque scores than healthy children in permanent dentition but slightly higher scores in primary dentition. The gingival scores were also lower in children with hemophilia in both primary and permanent dentition. For dental caries scores, the DMFS/DMFT scores were higher in children with hemophilia but the difference was not significantly different. However the dmfs/dmft scores were higher in healthy children, but further analysis showed the difference was due to significantly higher scores of filled surfaces and higher scores of filled teeth.

**Conclusion:** Dental care for children with hemophilia in most developing countries including Jordan is minimal, precise dental prevention programs can greatly reduce the need for restorative treatment and avoid the need to extract teeth.