Letter to Editor

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Dentistry Section

Comment on "Postoperative Pain and Flare-Ups: Comparison of Incidence between Single and Multiple Visit Pulpectomy in Primary Molars"

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Dear Editor,

We have read with great interest the article written by Sevekar SA and Gowda SHN, regarding the comparison of incidence of post-operative pain in pulpectomies performed in one or more appointments in primary molars of children five to eight years of age in paediatric dental care in Mumbai, India [1]. The scientists appropriately addressed the main variables and study design, based on the article by Ng YL et al., [2].

Having read the information, we would like to comment on some methods used to measure pain in children, knowing that it is a subjective variable and presents complications for its measurement. In their study they categorised pain in three ranges: none, mild, moderate/severe, based on research by Oginni AO and Udoye CI who does not argue that this assessment was performed in paediatric patients. We would like to emphasise the method of evaluation of pain used in the patients of the present investigation, since, in our opinion, it is not recommended mostly [3]. According to Rifaya M et al., it is necessary to evaluate the way in which children perceive pain through the use of various types of scale. A large percentage of children aged over five years old were able to provide meaningful self-report about pain intensity [4]; in their article you refer to having carried out a previous instruction to both patients and their parents, but they do not specify how these instructions were performed neither the scale used.

There are methods for assessing pain in children, including the Visual Analogue Scale (VAS) [5]; likewise, we find other tools where images of faces are used to be able to measure a more objective pain in children; such as, scale of the seven faces, scale of the nine faces and the scale of classification of Painted Faces of Wong-Baker (WBPFS). The last scale consists in asking the paediatric patient to mark the picture that most closely resembles the presented pain, on a six-sided scale with a degree of pain increase from left to right. [6]. In 2012, Khatri A and Kalra N did the comparison of these two techniques in children aged three to 14 years in India, undergoing dental extraction, concluding that the WBPFS technique is more sensitive to the VAS technique [6].

After presenting this information, we thought that some of these techniques could be used in their study to obtain a more reliable result.

We hope that this information will be used to enrich the future studies related to the subject in question, nevertheless, to emphasise the importance of carrying out studies like his, since they foment the investigation in subjects whose current information is scarce.

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