5. 치면별 유병율의 차이는 다음과 같았다.
   1) 4mm이상의 치주낭에 대해서는 근심설면이 가장 높았고($p<0.01$), 근심협면($p<0.01$), 원심협면, 원심설면과 설면중앙부($p<0.05$), 협면중앙부 순으로 감소하였다.
   2) 3mm이상의 치은퇴축에 대해서는 협면중앙부와 설면중아부의 유병율이 가장 높았다($p<0.01$).
   3) 3mm이상의 부착상실에 대해서는 설면중앙부와 협면중앙부의 유병율이 가장 높았고($p<0.01$), 근심설면과 근심협면($p<0.01$), 원심협면과 원심설면 순으로 감소했다.
6. 치주낭깊이와 치은퇴축 간에는 역 상관관계를 보였다(μ : 0.7474).
7. 단계적 다변수 회귀분석법에 의하면 치은염증, 치석, 치태 순으로 치주낭깊이 및 치은퇴축에 영향을 미쳤고($p<0.01$), 부착상실에 대해서는 치석, 치태 순으로 영향을 미쳤다($p<0.01$).

● 소아 및 청소년의 치조골소실에 관한 연구

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8세에서 21세까지의 소아 및 청소년을 대상으로 치조골소실 상태를 조사하여, 분석 검토한 결과 다음과 같은 결론을 얻었다.

1. 전체 치조골조실자의 비율은 0.44%이었고, 치조골소실치아의 비율은 0.11%이었다.
2. 남녀별 치조골소실치아의 비율은 남자가 0.57%이었고 여자가 0.3%이었으며, 치조골소실치아의 비율은 남자가 0.2%이었고, 여작 0.01%이었다.
3. 연령별 치조골소실자의 비율은 8~14세군 0.3%이었고, 15~21세군이 0.56%이었으며, 치조골소실치아의 비율은 8~14세군이 0.22%이었고, 15~21세군이 0.03%이었다.
4. 전구치군별 치조골소실치율은 전치부가 0.08%이었고, 구치부가 0.13%이었다.
5. 치조골 파괴형태별 골소실율은 수평골파괴가 0.08%이었고, 수직골파괴가 0.01%이었으며, 치근분지부가 0.03%이었다.

● 과민성 상아질에 대한 Dentin Bonding Agents의 처치효과

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과민성 상아질을 33.3% NaF paste와 2종의 dentin bonding agent로 처치한 후, 상아질 지각과민의 감소여부를 VAS로 평가하여 각 제재의 처치효과를 비교하고, 주사전자현미경 하에서 replica 방법을 이용해서 상아세관의 변화를 관찰하여 다음과 같은 결과를 얻었다.

1. 과민성 상아질에 대한 임상처치 시 NaF paste를 이용한 상아질의 burnishing은 통증을 유발하였으나, dentin bonding agent 군은 통증을 수반하지 않았다.
2. VAS를 이용하여 상아질 지각과민도에 대한 임상평가를 시행한 결과, 모든 처치군에서 처치1주

gingival index(Loe and Silness), calculus index(Greene and Vermillion) and plaque index(Silness and Loe) were measured on tooth surfaces tha had periodontal pockets of more than 4mm or gingival recession of more than 1mm, Periodontal pockets(≥4mm) were observed in 10% of the young adults, affecting 0.7site per person. Gingival recession(≥1mm) was observed in 20.4%, affecting 1 site per person, and loss of attachment(≥3mm) was observed in 9.8%, affecting 0.6 site per person. Males had a higher prevalence and severity of periodontal destruction than females. Gingival recession(≥3 mm) and loss of attachment(≥3mm) were more prevalent in mandibular quadrants than in maxillary quadrants. However, no difference was found in the prevalence of periodontal pockets(≥4mm) among quadrants. Periodontal pockets(≥4mm) were most prevalent in the first molars, followed by in the second molars ; they were moderately prevalent in the premolars ; and they were least prevalent in the anterior teeth. Gingival recession(≥3mm) was least prevalent in the second molars. Loss of attachment(≥3mm) was most prevalent in the centrals, laterals and the first molars. Periodontal pockets(≥4mm) were most prevalent on the mesiolingual surface, followed by on the mesiobuccal surface ; they were moderately prevalent on the distobuccal, distolingual and lingual surfaces ; and they were least prevalent on the buccal surfaces. Gingival recession(≥3mm) was most prevalent on the buccal and lingual surfaces. Loss of attachment(≥3mm) was most prevalent on the lingual and buccal surface followed by the mesiolingual and mesiobuccal surfaces ; and they were least prevalent on the distobuccal and distolingual surfaces. Negative correlation existed between the probing pocket depth and the gingival recession. According to stepwise multiple regression analysis, gingival inflammation had the greatest influence on periodontal pockets and gingival recession, followed by calculus ; and dental plaque had the least influence. Calculus had the greatest influence on loss attachment, followed by dental plaque.

A study on alveolar bone loss in children and adolescents

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The purpose of the present study was to assess the rate of radiographic alvolar bone loss in children and adolescents. Full mouth radiographs from 684 children and adolescents, aged 8~21 years, were exmined. The criteria of alveolar bone loss were as follows ; 1. When the alveolar crest was irregular with loss of contiunity of its alveolar crest. 2. When the alveolar crest was irregrlar with loss of continuity of its surface. 3. When the alveolar bone height was under 60% of the total tooth length. 4. Areas in which the evidence was questionable were considered to be negative. Radiographic evidence of alveolar bone loss was detected in 0.44% of the children and adolescents examined. Males had a high prevalence of alveolar bone loss than females. Alveolar bone loss was slightly more prevalent in posterior teeth than in anterior teeth. The percentage of tooth with alveolar bone loss by type of bone destruction was highest in horizontal bone loss. The result of this study showed low prevalence of alveolar bone loss in children and adolescents.

Keywords : alveolar bone loss, children and adolescents