

Descriptive statistics in articles - examples

database name

> Am J Trop Med Hyg. 2003 Mar;68(3):341-4.

journal name /year /volum
number/ issue

Fear of injections in young adults: prevalence and associations

Title of the articles

Yael Nir¹, Alona Paz, Edmond Sabo, Israel Potasman

authors

Affiliations + expand

PMID: 12685642

Abstract

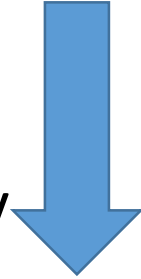
Fear of injections may interfere with receipt of vaccines. The frequency, associations, and precipitators of fear-provoking factors of 400 travelers visiting a travel health clinic were evaluated. The median age of this group was 25, 7% were medical staff members, and 2.8% were regular injectors (insulin). Eighty-five (21.7%; 95% confidence interval, 17.3-25.6%) of the travelers indicated that they were afraid of injections, and in 8.2%, the fear was unreasonably intense. Multivariate analysis revealed that watching other people being vaccinated, fear of pain, needle size, and a history of fainting were highly and independently associated with injection phobia. The sensitivity, specificity, and discrimination accuracy of this model were 79.5%, 78.0%, and 78.3%, respectively. Injection phobia and a bad past vaccination experience were significantly associated with fainting. Perceived empathy, on the other hand, was a significant protective factor. Fear of injections was common in this cohort and was highly associated with past fainting after vaccination.

abstract=article summary

Example A

- **Background:**

- needle fear,
- needle anxiety
- needle phobia

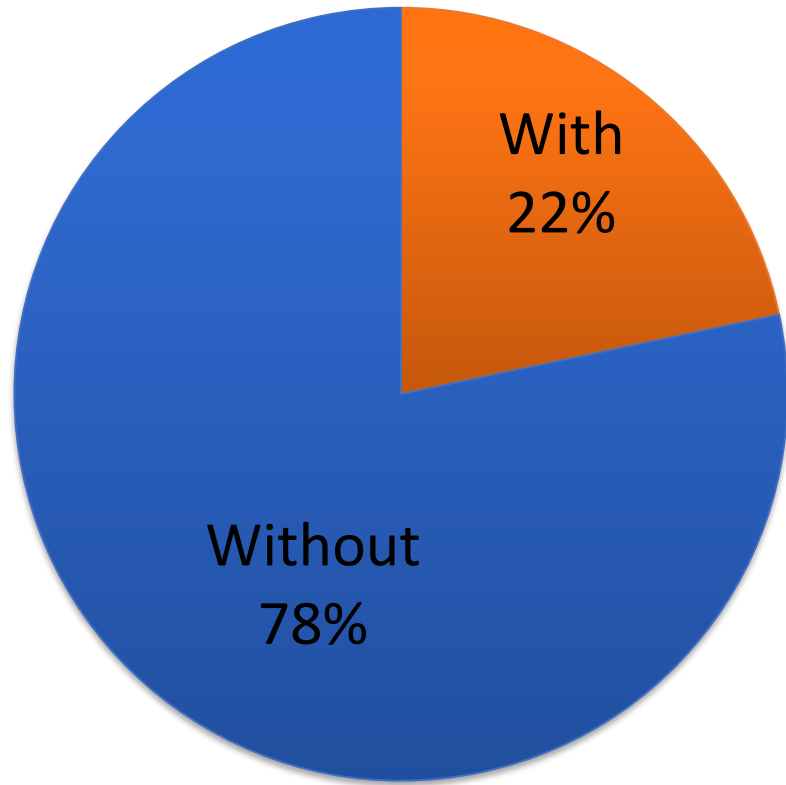


- **Aim:** The study want to answer to the question:

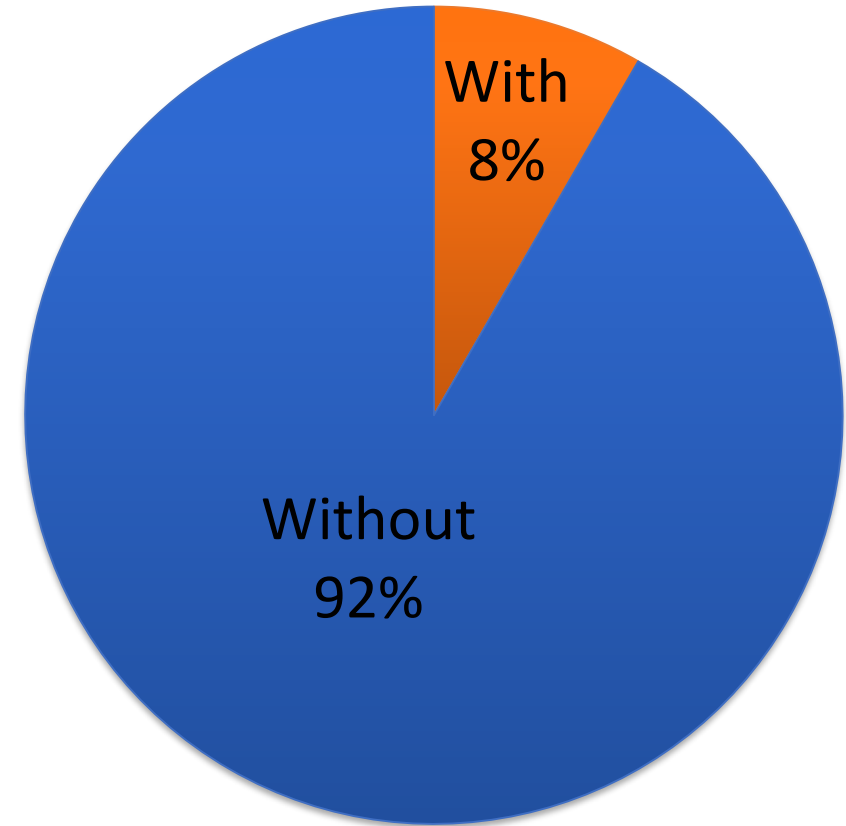
- “**How many** young people are afraid of injection?”

- **Materials and Methods:** 400 travelers visiting a travel health clinic were evaluated

Injection fear - 21.7%



Intense injection fear – 8.2%



Causes of injection fear

- Factors
 - watching other people being vaccinated,
 - fear of pain,
 - needle size,
 - a history of fainting

J Indian Soc Periodontol. 2014 May-Jun; 18(3): 369–374.
doi: [10.4103/0972-124X.134580](https://doi.org/10.4103/0972-124X.134580)

PMCID: [PMC4095632](https://pubmed.ncbi.nlm.nih.gov/PMC4095632/)
PMID: [25024553](https://pubmed.ncbi.nlm.nih.gov/25024553/)

where and when is publish:
journal name, volum
number/ issue, year

Evaluating awareness regarding oral hygiene practices and exploring gender differences among patients attending for oral prophylaxis

[Sukhvinder Singh Oberoi](#), [Vikrant Mohanty](#),¹ [Ananya Mahajan](#),¹ and [Avneet Oberoi](#)²

► Author information ► Article notes ► Copyright and License information ► [Disclaimer](#)

This article has been [cited by](#) other articles in PMC.

Abstract

Go to: 

Background:

Oral hygiene is intimated in health of all parts of the body including oral cavity. The understanding of actual practices in keeping the oral heath at standard based on patient's perceptions of oral health care is vital. Understanding the effect of gender on oral health would facilitate the development of successful attitude and behavior modification approach towards sustainable oral health.

Purpose of Study:

To evaluate awareness regarding oral hygiene practices and exploring gender differences among patients attending for oral prophylaxis.

Materials and Methods:

A survey was conducted among 250 patients attending the department of periodontology, Maulana Azad institute of dental sciences for oral prophylaxis. A structured questionnaire was used to collect information regarding practices and perception about oral hygiene.

Results:

Majority of the patients (60.4%) felt that oral hygiene is mandatory for overall health of the body. The use of toothpaste and toothbrush (83.6%) was the most preferred cleaning aid among the study population in the present study. The major constraint for avoiding dental examination was no felt need (41.2%) followed by cost of dental treatment (26.8%) and time constraints (24.0%).

Conclusions:

Professional plaque removal and regular follow-up combined with oral hygiene instructions to the patients can minimize the level of gingival inflammation and swelling. The poor resources for dental care, common malpractices and nonavailability of professional care are the main barriers in seeking optimum oral hygiene.

Title of the articles

authors

abstract=article summary

← Frequencies

Table 2. Distribution of the oral hygiene practices according to gender

Questions	Response	Male (%)	Female (%)	Total (%)
Question 1: Do you think oral hygiene is mandatory for overall health of the body?	Yes	86 (64.1)	65 (56.0)	151 (60.4)
	No	8 (6.0)	6 (5.2)	14 (5.6)
	Don't know	40 (29.9)	45 (38.8)	85 (34.0)

Table title

what is in () it will be in %=
relative frequency

Question 1 = a variable

Possible answers =
cathegories of the variable

absolute
frequency

relative
frequency

Prevalence of burnout among German radiologists: a call to action

Radiological Education | [Open access](#) | Published: 12 February 2024

Volume 34, pages 5588–5594, (2024) | [Cite this article](#)

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[Moritz B. Bastian](#) , [Laureen Fröhlich](#), [Joel Wessendorf](#), [Michael Scheschenja](#), [Alexander M. König](#), [Jarmila Jedelska](#) & [Andreas H. Mahnen](#)

 3089 Accesses  1 Citation  6 Altmetric | [Explore all metrics](#) →

Abstract

Objectives

In the presence of escalating global concerns regarding physician burnout, this study aims to analyze the prevalence and associated factors of burnout among radiologists in Germany.

Methods

A comprehensive online survey, inclusive of 73 targeted questions including a German-modified version of the Maslach Burnout Inventory, was distributed among all members of the German Radiological Society and the German Interventional Radiological Society between May and August 2023. The survey encompassed aspects of employment, workload, well-being, and coping mechanisms. Data from 172 completed surveys were analyzed, with correlations explored via crosstabs and the Pearson-chi-square test.

Results

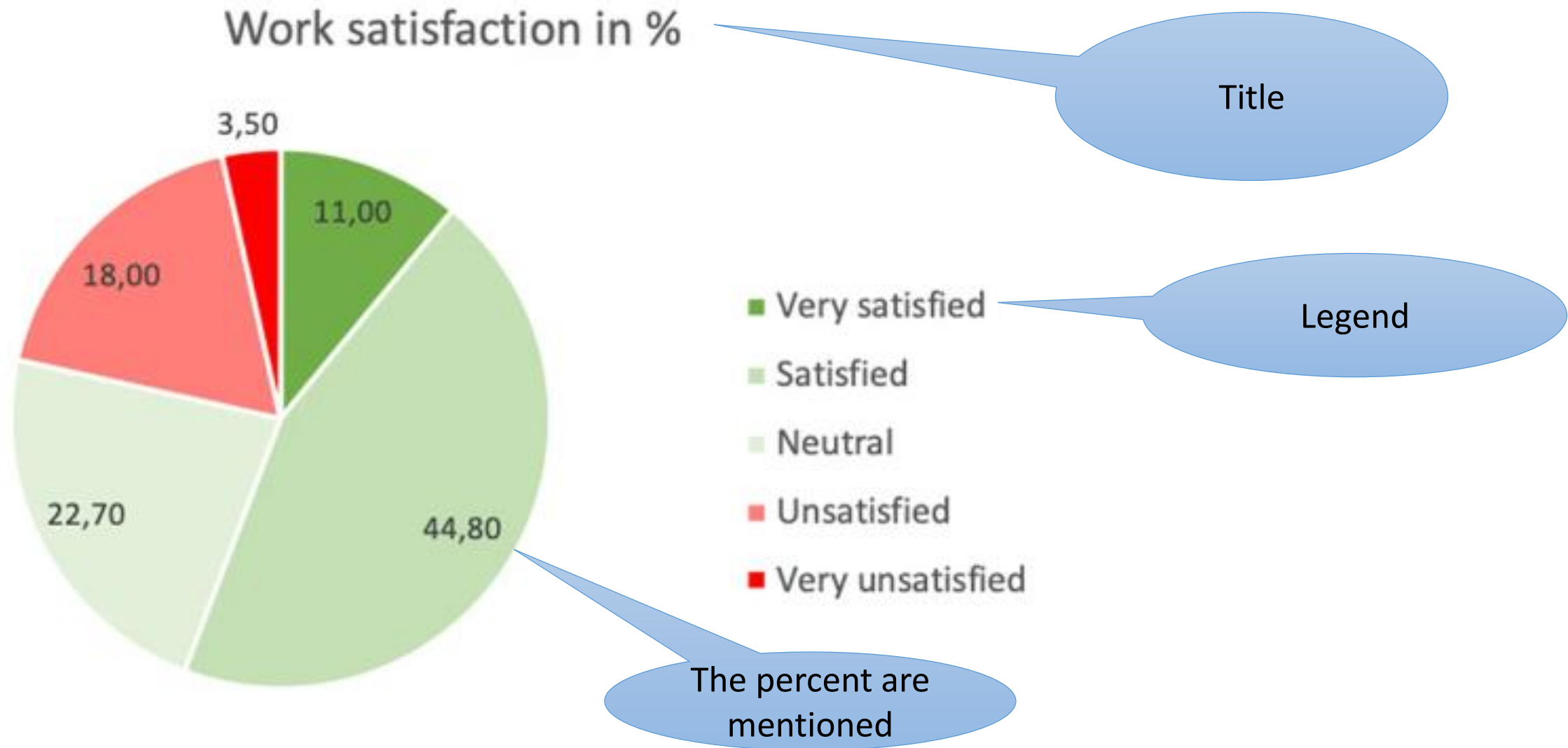
In total, 76.7% of participating radiologists were identified to be burnt out. The prevalence was significantly associated with increased workload, reduced sleep quality, suboptimal working conditions, reduced job satisfaction, and the negative interplay between work, family life, and health. Median work satisfaction was described as “satisfied” while median workload was assessed as “frequently overwhelming of work.” A total of 41.9% of respondents noted facing daily time pressure. Radiologists’ concerns about work interfering with private family life were voiced by approximately 70%, and 73.3% highlighted the perceived negative effects on their health.

Title

Authors

abstract=article summary

Bastian, M.B., Fröhlich, L., Wessendorf, J. *et al.* Prevalence of burnout among German radiologists: a call to action. *Eur Radiol* **34**, 5588–5594 (2024).



- The questionnaire answers of the 172 radiologist : “How satisfied are you with your work?”

National Center for Health Statistics

[CDC](#) > [NCHS](#) > [Publications and Information Products](#) > [Data Briefs](#)

 Publications and Information Products

Data Briefs

Death in the United States, 2010

Health E-Stats

Health, United States

Life Tables

National Health Statistics Reports

National Vital Statistics Reports +

Vital and Health Statistics Series +

Death in the United States, 2010

NCHS Data Brief No. 99, July 2012

[PDF Version](#)  (833 KB)

Arialdi M. Miniño, M.P.H., and Sherry L. Murphy, B.S.

Key findings

Data from the National Vital Statistics System (Mortality)

- Life expectancy at birth is 78.7 years. Hispanic females have the longest life expectancy (83.8 years) followed by non-Hispanic white females (81.1 years).
- The largest decrease in mortality between the years 2000 and 2010 occurred in the age group under age 25 years (15.8 percent), followed by those aged 65 years and over (13.3 percent).

- Minino Am, Murphy SL. Death in United States, 2010. NCHS Data Brief. 2012:99.

Accidents, for example, accounted for 38 percent of all deaths among persons aged 1–24 years. Heart disease, on the other hand, accounted for only 3 percent of all deaths in this same age group. For persons aged 65 years and over, heart disease cause of death, accounting for 27 percent of all deaths in this age group, whereas accidents are not among the leading causes of death for those aged 65 years and over (Figure 4).

Figure has a title

Figure 4. Percent distribution of five leading causes of death, by age group: United States, preliminary 2010

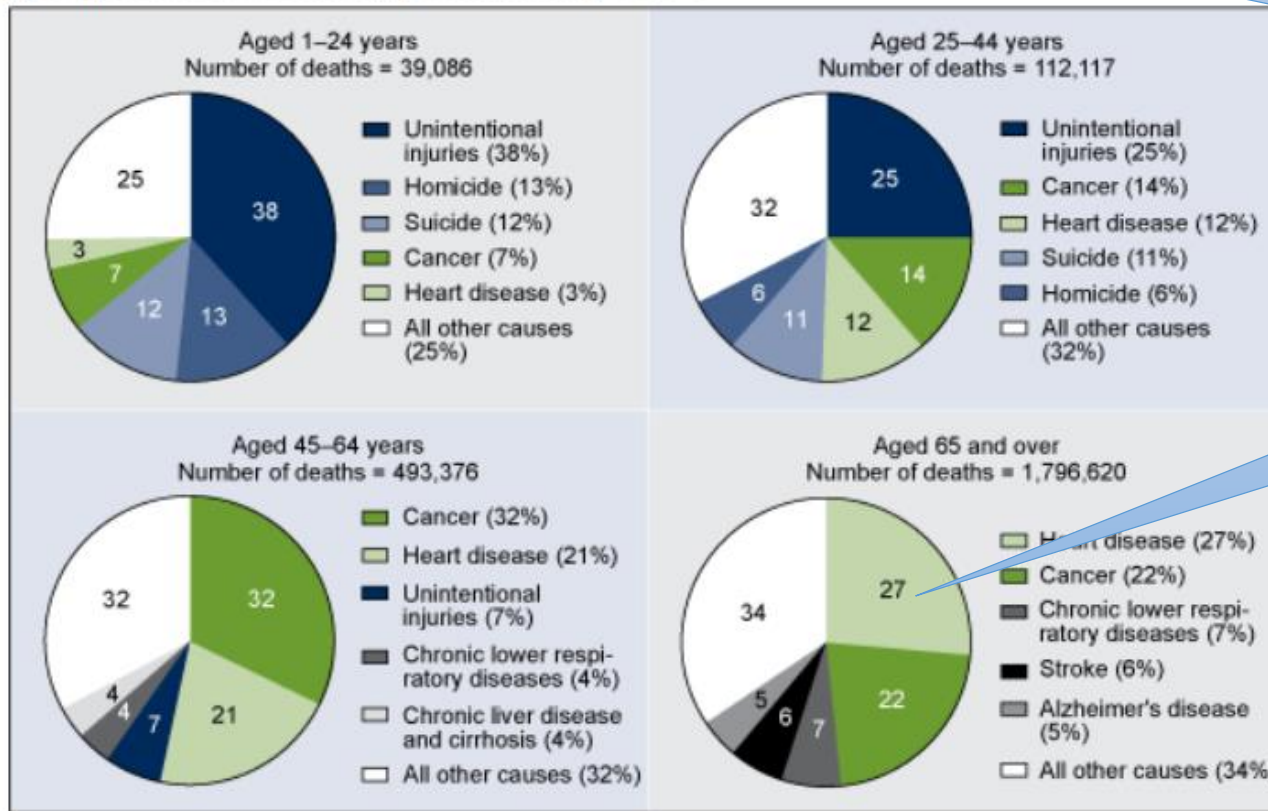


Figure is mentioned in the text

Figure has a brief description

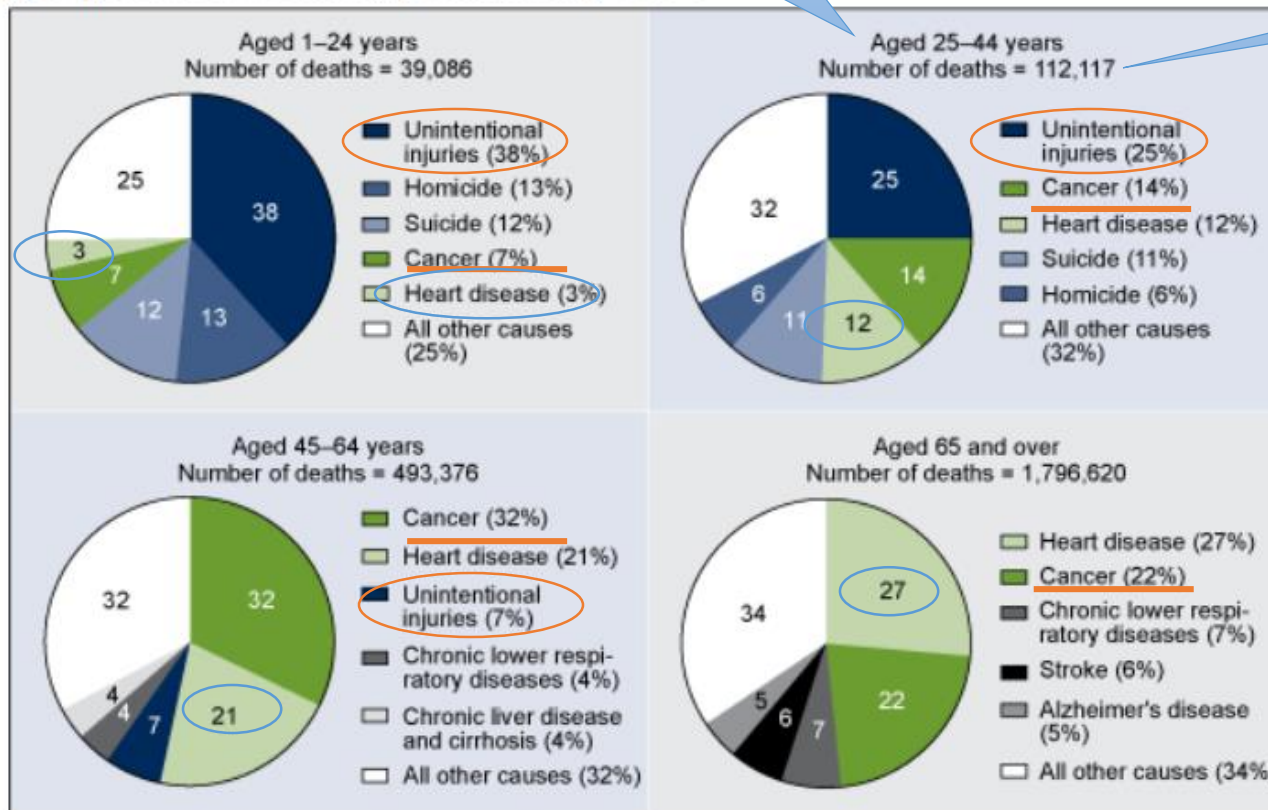
Percentages are measured

Accidents, for example, accounted for 38 percent of all deaths among persons aged 1–24 years. Heart disease, on the other hand, accounted for only 3 percent of all deaths in this same age group. For persons aged 65 years and over, heart disease is the most common cause of death, accounting for 27 percent of all deaths in this age group, whereas accidents are not among the top causes of death (Figure 4).

Age category = ordinal qualitative variable with 4 categories

Number of deaths increase with age

Figure 4. Percent distribution of five leading causes of death, by age group: United States, preliminary 2010



Interpretations: At a younger age the most common cause of death is by unintentional injuries

At the age between 45 to 65 the most probable cause of death is from cancer

The risk of dying from cardiovascular disease increase with age

Clinical Characteristics of Coronavirus Disease 2019 in China

Wei-jie Guan, Ph.D., Zheng-yi Ni, M.D., Yu Hu, M.D., Wen-hua Liang, Ph.D., Chun-quan Ou, Ph.D., Jian-xing He, M.D., Lei Liu, M.D., Hong Shan, M.D., Chun-liang Lei, M.D., David S.C. Hui, M.D., Bin Du, M.D., Lan-juan Li, M.D., et al., for the China Medical Treatment Expert Group for Covid-19*

☰

🔖

📄 PDF

🔗

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⋮

Article

Figures/Media

Metrics

24 References 12 Citing Articles

Abstract

BACKGROUND

Since December 2019, when coronavirus disease 2019 (Covid-19) emerged in Wuhan city and rapidly spread throughout China, data have been needed on the clinical characteristics of the affected patients.

METHODS

We extracted data regarding 1099 patients with laboratory-confirmed Covid-19 from 552 hospitals in 30 provinces, autonomous regions, and municipalities in mainland China through January 29, 2020. The primary composite end point was admission to an intensive care unit (ICU), the use of mechanical ventilation, or death.

February 28, 2020
DOI: 10.1056/NEJMoa2002032
[Chinese Translation](#) 中文翻译

Related Articles

EDITORIAL FEB 28, 2020
Covid-19 — Navigating the Uncharted
A.S. Fauci and Others



PHYSICIAN JOBS**MARCH 11, 2020**

Activate Windows

Table 1. Clinical Characteristics of the Study Patients, According to Disease Severity and the Presence or Absence of the Primary Composite End Point.*

Characteristic	All Patients (N = 1099)	Disease Severity		Presence of Primary Composite End Point†	
		Nonsevere (N = 926)	Severe (N = 173)	Yes (N = 67)	No (N = 1032)
Symptoms — no. (%)					
Conjunctival congestion	9 (0.8)	5 (0.5)	4 (2.3)	0	9 (0.9)
Nasal congestion	53 (4.8)	47 (5.1)	6 (3.5)	2 (3.0)	51 (4.9)
Headache	150 (13.6)	124 (13.4)	26 (15.0)	8 (11.9)	142 (13.8)
Cough	745 (67.8)	623 (67.3)	122 (70.5)	46 (68.7)	699 (67.7)
Sore throat	153 (13.9)	130 (14.0)	23 (13.3)	6 (9.0)	147 (14.2)
Sputum production	370 (33.7)	309 (33.4)	61 (35.3)	20 (29.9)	350 (33.9)
Fatigue	419 (38.1)	350 (37.8)	69 (39.9)	22 (32.8)	397 (38.5)
Hemoptysis	10 (0.9)	6 (0.6)	4 (2.3)	2 (3.0)	8 (0.8)
Shortness of breath	205 (18.7)	140 (15.1)	65 (37.6)	36 (53.7)	169 (16.4)
Nausea or vomiting	55 (5.0)	43 (4.6)	12 (6.9)	3 (4.5)	52 (5.0)
Diarrhea	42 (3.8)	32 (3.5)	10 (5.8)	4 (6.0)	38 (3.7)
Myalgia or arthralgia	164 (14.9)	134 (14.5)	30 (17.3)	6 (9.0)	158 (15.3)
Chills	126 (11.5)	100 (10.8)	26 (15.0)	8 (11.9)	118 (11.4)
Signs of infection — no. (%)					
Throat congestion	19 (1.7)	17 (1.8)	2 (1.2)	0	19 (1.8)
Tonsil swelling	23 (2.1)	17 (1.8)	6 (3.5)	1 (1.5)	22 (2.1)
Enlargement of lymph nodes	2 (0.2)	1 (0.1)	1 (0.6)	1 (1.5)	1 (0.1)
Rash	2 (0.2)	0	2 (1.2)	0	2 (0.2)
Coexisting disorder — no. (%)					
Any	261 (23.7)	194 (21.0)	67 (38.7)	39 (58.2)	222 (21.5)
Chronic obstructive pulmonary disease	12 (1.1)	6 (0.6)	6 (3.5)	7 (10.4)	5 (0.5)
Diabetes	81 (7.4)	53 (5.7)	28 (16.2)	18 (26.9)	63 (6.1)
Hypertension	165 (15.0)	124 (13.4)	41 (23.7)	24 (35.8)	141 (13.7)
Coronary heart disease	27 (2.5)	17 (1.8)	10 (5.8)	6 (9.0)	21 (2.0)
Cerebrovascular disease	15 (1.4)	11 (1.2)	4 (2.3)	4 (6.0)	11 (1.1)
Hepatitis B infection¶	23 (2.1)	22 (2.4)	1 (0.6)	1 (1.5)	22 (2.1)
Cancer	10 (0.9)	7 (0.8)	3 (1.7)	1 (1.5)	9 (0.9)
Chronic renal disease	8 (0.7)	5 (0.5)	3 (1.7)	2 (3.0)	6 (0.6)
Immunodeficiency	2 (0.2)	2 (0.2)	0	0	2 (0.2)

* The denominators of patients who were included in the analysis are provided if they differed from the overall numbers in the group. Percentages may not total 100 because of rounding. Covid-19 denotes coronavirus disease 2019, and IQR interquartile range.

† The primary composite end point was admission to an intensive care unit, the use of mechanical ventilation, or death.

‡ These patients were not residents of Wuhan.

§ Data regarding the incubation period were missing for 808 patients (73.5%).

¶ The presence of hepatitis B infection was defined as a positive result on testing for hepatitis B surface antigen with or without elevated levels of alanine or aspartate aminotransferase.

|| Included in this category is any type of cancer.

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		Nonsevere (N = 926)	Severe (N = 173)	Yes (N = 67)	No (N = 1032)
Symptoms — no. (%)					
Conjunctival congestion		5 (0.5)	4 (2.3)	0	9 (0.9)
Nasal congestion		47 (5.1)	6 (3.5)	2 (3.0)	51 (4.9)
Headache		124 (13.4)	26 (15.0)	8 (11.9)	142 (13.8)
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Throat congestion	19 (1.7)	17 (1.8)	2 (1.2)	0	19 (1.8)
Tonsil swelling	23 (2.1)	17 (1.8)	6 (3.5)	1 (1.5)	22 (2.1)
Enlargement of lymph nodes	2 (0.2)	1 (0.1)	1 (0.6)	1 (1.5)	1 (0.1)
Rash	2 (0.2)	0	2 (1.2)	0	2 (0.2)
Coexisting disorder — no. (%)					
Any	261 (23.7)	194 (21.0)	67 (38.7)	39 (58.2)	222 (21.5)
Chronic obstructive pulmonary disease	12 (1.1)	6 (0.6)	6 (3.5)	7 (10.4)	5 (0.5)
Diabetes	81 (7.4)	53 (5.7)	28 (16.2)	18 (26.9)	63 (6.1)
Hypertension	165 (15.0)	124 (13.4)	41 (23.7)	24 (35.8)	141 (13.7)
Coronary heart disease	27 (2.5)	17 (1.8)	10 (5.8)	6 (9.0)	21 (2.0)
Cerebrovascular disease	15 (1.4)	11 (1.2)	4 (2.3)	4 (6.0)	11 (1.1)
Hepatitis B infection‡	23 (2.1)	22 (2.4)	1 (0.6)	1 (1.5)	22 (2.1)
Cancer§	10 (0.9)	7 (0.8)	3 (1.7)	1 (1.5)	9 (0.9)
Chronic renal disease	8 (0.7)	5 (0.5)	3 (1.7)	2 (3.0)	6 (0.6)
Immunodeficiency	2 (0.2)	2 (0.2)	0	0	2 (0.2)

* The denominators of patients who were included in the analysis are provided if they differed from the overall numbers in the group. Percentages may not total 100 because of rounding. Covid-19 denotes coronavirus disease 2019, and IQR interquartile range.

† The primary composite end point was admission to an intensive care unit, the use of mechanical ventilation, or death.

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|| Included in this category is any type of cancer.

Title

n(%) – absolute
(relative) frequencies
for the qualitative
variables

Legend

Patients subgroups
by disease severity
(15% sever cases)

Table 1. Clinical Characteristics of the Study Patients, According to Disease Severity and the Presence of Primary Composite End Point†

Characteristic	All Patients (N = 1099)	Disease Severity		Presence of Primary Composite End Point†	
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Symptoms — no. (%)					
Conjunctival congestion	9 (0.8)	5 (0.5)	4 (2.3)	0	9 (0.9)
Nasal congestion	53 (4.8)	47 (5.1)	6 (3.5)	2 (3.0)	51 (4.9)
Headache	150 (13.6)	124 (13.4)	26 (15.0)	8 (11.9)	142 (13.8)
Cough	745 (67.8)	623 (67.4)	122 (70.5)	36 (53.7)	709 (69.1)
Sore throat	153 (13.9)	124 (13.4)	29 (16.8)	10 (14.9)	143 (14.0)
Sputum production	370 (33.7)	303 (32.8)	67 (38.8)	19 (28.4)	351 (34.3)
Fatigue	419 (38.1)	343 (37.0)	76 (43.9)	23 (34.3)	396 (38.6)
Hemoptysis	10 (0.9)	7 (0.8)	3 (1.7)	0	10 (0.9)
Shortness of breath	205 (18.7)	167 (18.1)	38 (21.9)	13 (19.4)	192 (18.7)
Nausea or vomiting	55 (5.0)	47 (5.1)	8 (4.6)	2 (3.0)	53 (5.1)
Diarrhea	42 (3.8)	35 (3.8)	7 (4.0)	1 (1.5)	41 (4.0)
Myalgia or arthralgia	164 (14.9)	134 (14.6)	30 (17.3)	10 (14.9)	154 (15.0)
Chills	126 (11.5)	103 (11.1)	23 (13.3)	6 (8.9)	120 (11.7)
Signs of infection — no. (%)					
Throat congestion	2 (0.2)	2 (0.2)	0	0	2 (0.2)
Tonsil swelling	0	0	0	0	0
Enlargement of lymph nodes	0	0	0	0	0
Rash	0	0	0	0	0
Coexisting disorder — no. (%)					
Any	2 (0.2)	2 (0.2)	0	0	2 (0.2)
Chronic obstructive pulmonary disease	0	0	0	0	0
Diabetes	0	0	0	0	0
Hypertension	0	0	0	0	0
Coronary heart disease	0	0	0	0	0
Cerebrovascular disease	0	0	0	0	0
Hepatitis B infection¶	0	0	0	0	0
Cancer	0	0	0	0	0
Chronic renal disease	0	0	0	0	0
Immunodeficiency	0	0	0	0	0

All patients

(15% severe cases)

For dichotomial variables only the frequency of one category is shown

* The denominators of patients who were included in the analysis are provided if they differed from the overall numbers in the group. Percentages may not total 100 because of rounding. Covid-19 denotes coronavirus disease 2019, and IQR interquartile range.

† The primary composite end point was admission to an intensive care unit, the use of mechanical ventilation, or death.

‡ These patients were not residents of Wuhan.

§ Data regarding the incubation period were missing for 808 patients (73.5%).

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|| Included in this category is any type of cancer.

For dichotomial
variables only the
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category is shown

All patients

Table 1. Clinical Characteristics of the Study Patients, According to Disease Severity and the Presence or Absence of the Primary Composite End Point.*

Characteristic	All Patients (N = 1099)	Disease Severity		Presence of Primary Composite End Point†	
		Nonsevere (N = 926)	Severe (N = 173)	Yes (N = 67)	No (N = 1032)
Age					
Median (IQR) — yr	47.0 (35.0–58.0)	45.0 (34.0–57.0)	52.0 (40.0–65.0)	63.0 (53.0–71.0)	46.0 (35.0–57.0)
Distribution — no./total no. (%)					
0–14 yr	9/1011 (0.9)	8/848 (0.9)	1/163 (0.6)	0	9/946 (1.0)
15–49 yr	557/1011 (55.1)	490/848 (57.8)	67/163 (41.1)	12/65 (18.5)	545/946 (57.6)
50–64 yr	292/1011 (28.9)	241/848 (28.4)	51/163 (31.3)	21/65 (32.3)	271/946 (28.6)
≥65 yr	153/1011 (15.1)	109/848 (12.8)	44/163 (27.0)	32/65 (49.2)	121/946 (12.8)

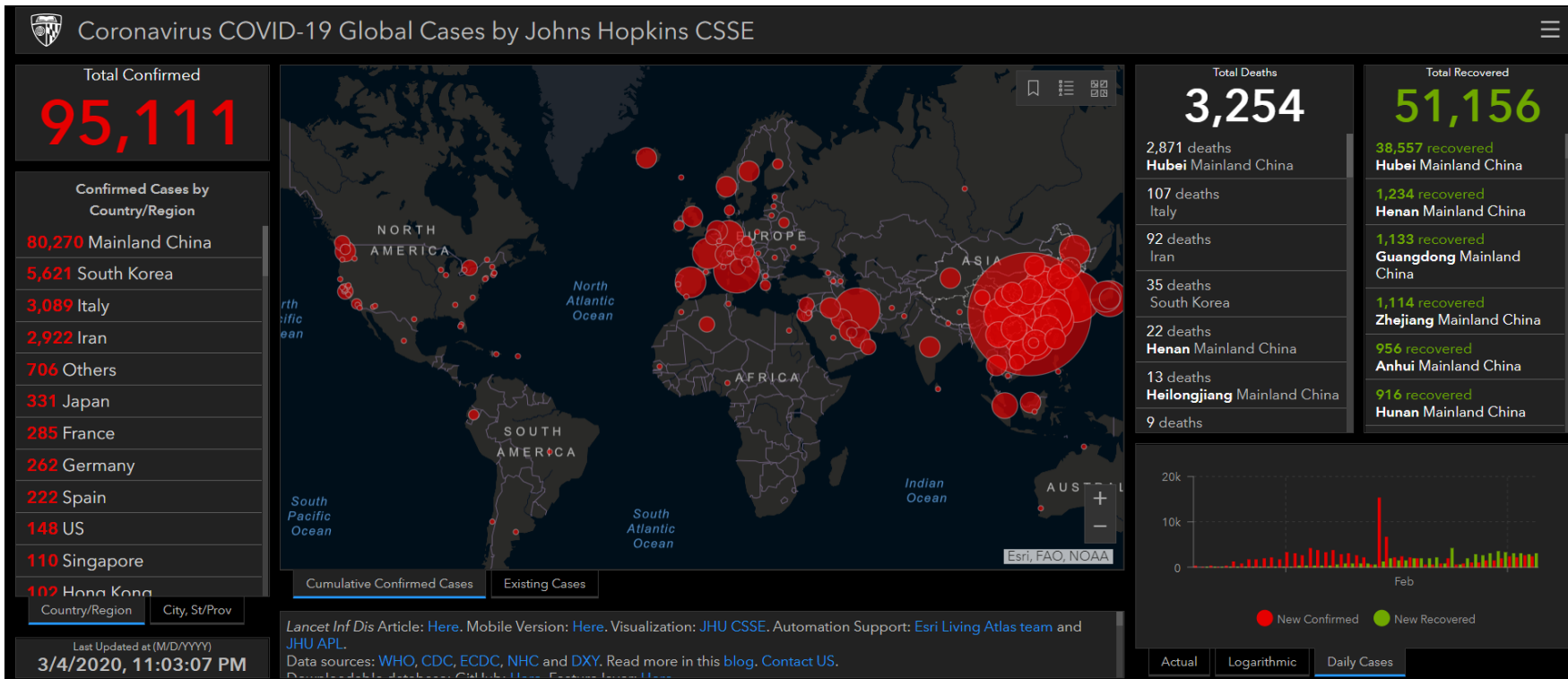
Median (IQR) for age severe cases: 52 (40-65)
 25% have less than 40 years old, 25% between 40 and 52;
 25% between 52 and 65 years old, 25% older than 65 years

Table 1. Clinical Characteristics of the Study Patients, According to Disease Severity and the Presence or Absence of the Primary Composite End Point.*

Characteristic	All Patients (N = 1099)	Disease Severity		Presence of Primary Composite End Point†	
		Nonsevere (N = 926)	Severe (N = 173)	Yes (N = 67)	No (N = 1032)
Median incubation period (IQR) — days‡	4.0 (2.0–7.0)	4.0 (2.8–7.0)	4.0 (2.0–7.0)	4.0 (1.0–7.5)	4.0 (2.0–7.0)
Fever on admission					
Patients — no./total no. (%)	473/1099 (43.0)	391/910 (43.0)	82/171 (48.0)	24/66 (36.4)	449/1015 (44.2)
Median temperature (IQR) — °C	37.4 (36.7–38.1)	37.3 (36.7–38.0)	37.4 (36.7–38.1)	36.8 (36.3–37.8)	37.3 (36.7–38.0)

Median incubation period (IQR): 4 (2-7) days:
 25% of cases had the incubation period less than 2 days, 25% between 2 and 4;
 25% between 4 to 7, 25% more than 7 days.

For theoretical exam: How we interpret the body temperature at the admission in the hospital of a patient with Covid-19 in China in January 2020 if we know median (IQR) = 37,4 (36,7-38,1) Celsius degree?

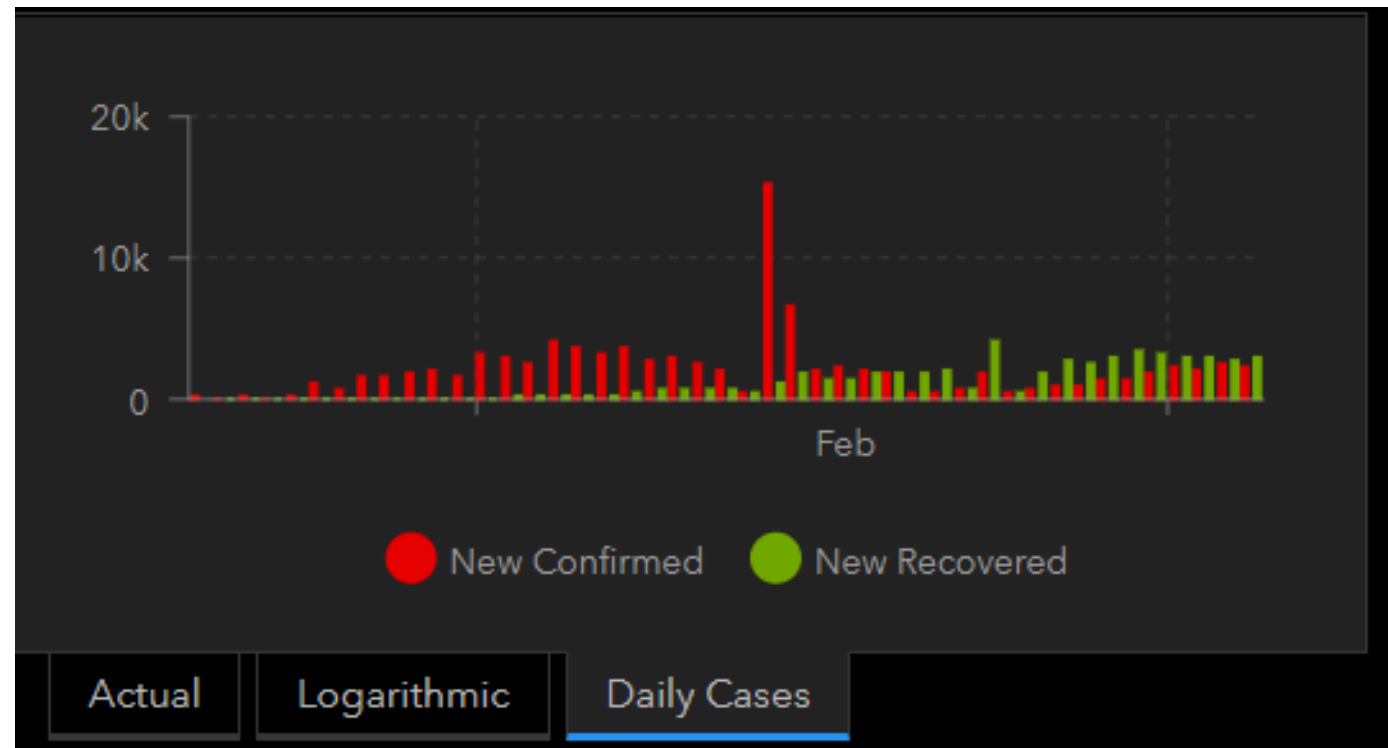


April 2020

- Deaths: 3254
- Total confirmed: 95 111
- Fatality rate: $3254/95111$
- Prevalence in China $80,270/1,437,525,528 = 0.000056 = 0.56/10,000$ people
- Prevalence in China $\sim 6/100,000 = 6 \text{ per } 10^5$

<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

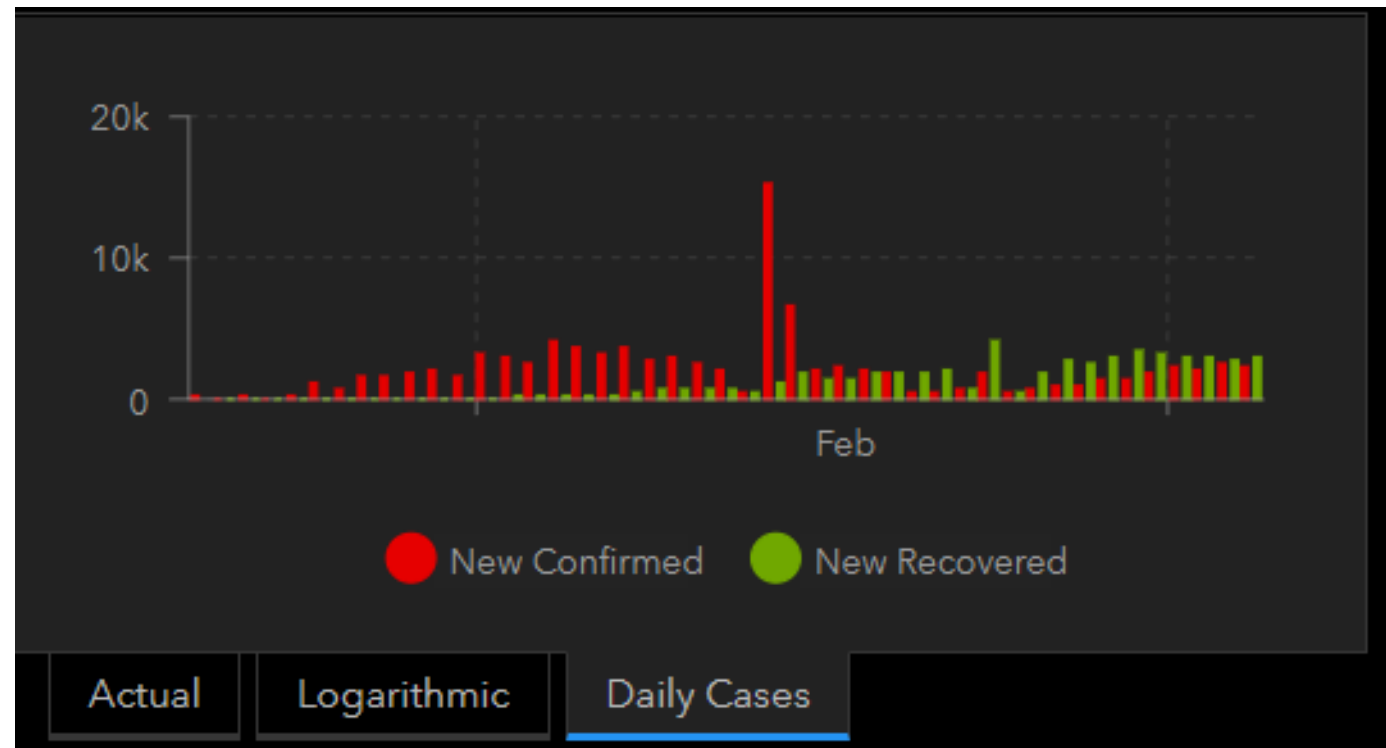
Optional exercises 2



- What did you understand from this chart about Covid-19?

Response

- Is a column chart
- Is based on a frequency table
- Ox axis – days in 2020 ?– is missing
- Oy axis – No. of cases ?– is missing
- With red number of new confirmed cases
- With green number of new recovered cases
- An data outliers in the middle of the chart
- Red columns show two peaks, green columns show three picks
- The chart present the new diagnosticated cases and new recovered cases distribution in each day in february
- The red columns increase first, than the greens. The delay between them is about 19-20 days (each day have a column) which corresponds with the duration of the hospitalisation.





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Article

Dental Anomalies' Characteristics

by Tatiana Sella Tunis ^{1,2,3,*†} , Ofer Sarne ^{3,†} , Israel HersHKovitz ^{1,2} ,
 Tamar Finkelstein ³ , Aikaterini Maria Pavlidi ³ , Yehoshua Shapira ³ ,
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Abstract

The aim of this study was to characterize dental anomalies. The pretreatment records (photographs and radiographs) of 2897 patients (41.4% males and 58.6% females) were utilized to detect dental anomalies. The dental anomalies studied were related to number, size and shape, position, and eruption. A Chi-square test was carried out to detect associations between dental anomalies, jaw, and sex. A total of 1041 (36%) of the subjects manifested at least one dental anomaly. The prevalence of all dental anomalies was jaw-dependent and greater in the maxilla, except for submerged and transmigrated teeth. The most frequently missing teeth were the maxillary lateral incisor (62.3%) and the mandibular second premolars (60.6%). The most frequent supernumerary teeth were the incisors in the maxilla (97%) and the first premolars in the mandible (43%). Dental anomalies are more frequent in the maxilla and mainly involve the anterior teeth; in the mandible, however, it is the posterior teeth. These differences can be attributed to the evolutionary history of the jaws and their diverse development patterns.

Keywords: dental anomalies; maxilla; mandible; growth and development; dental diagnosis

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Frequencies

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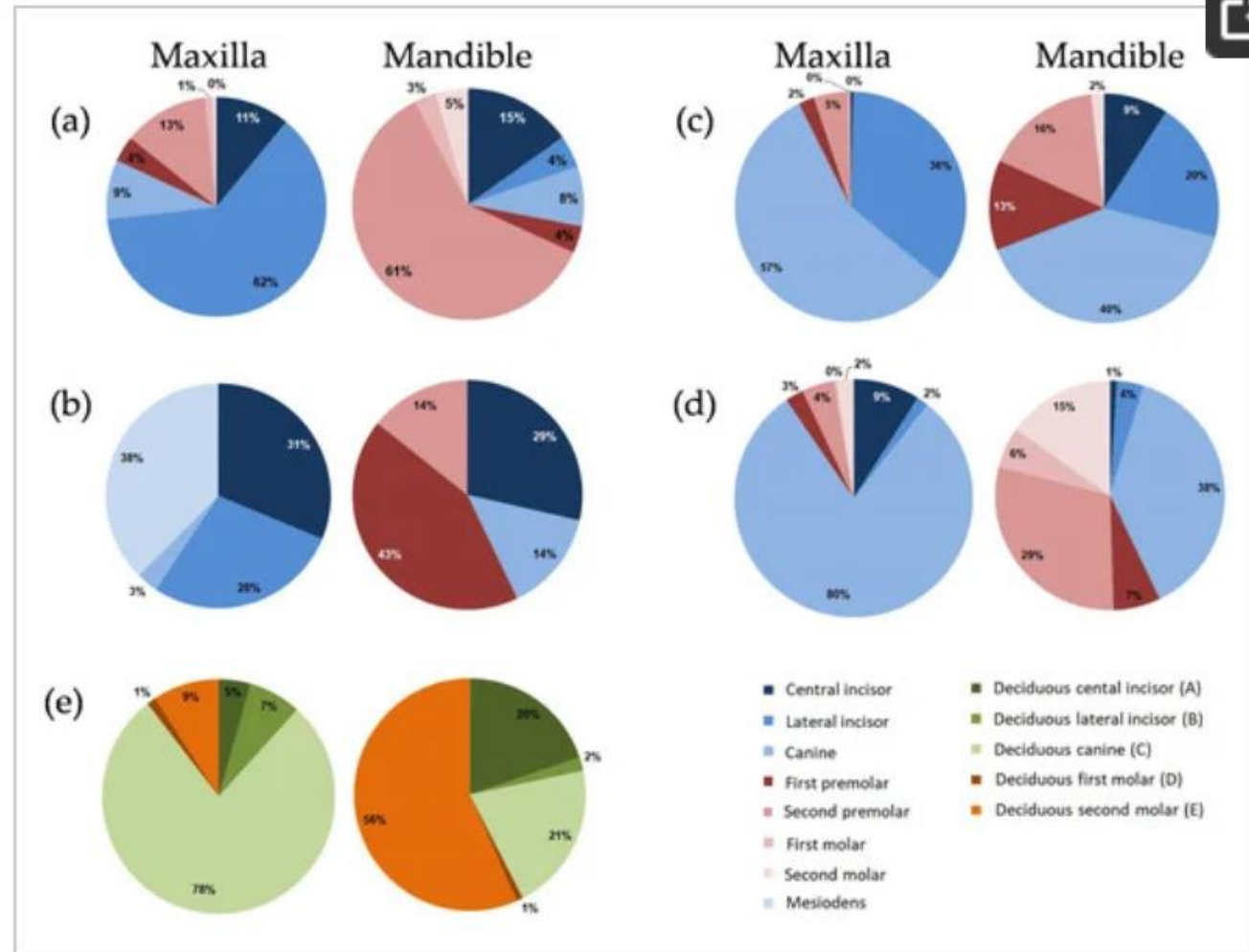


Figure 3. Distribution of dental anomalies by tooth type, jaw, and location (anterior (blue and green) vs. posterior (red and orange)): (a) missing teeth, (b) supernumerary teeth, (c) ectopic teeth, (d) impacted teeth, and (e) retained teeth.

Pediatric Dentistry - a Clinical Approach, 3ed.

CHAPTER 4. Tooth Development and Disturbances in Number and Shape of Teeth

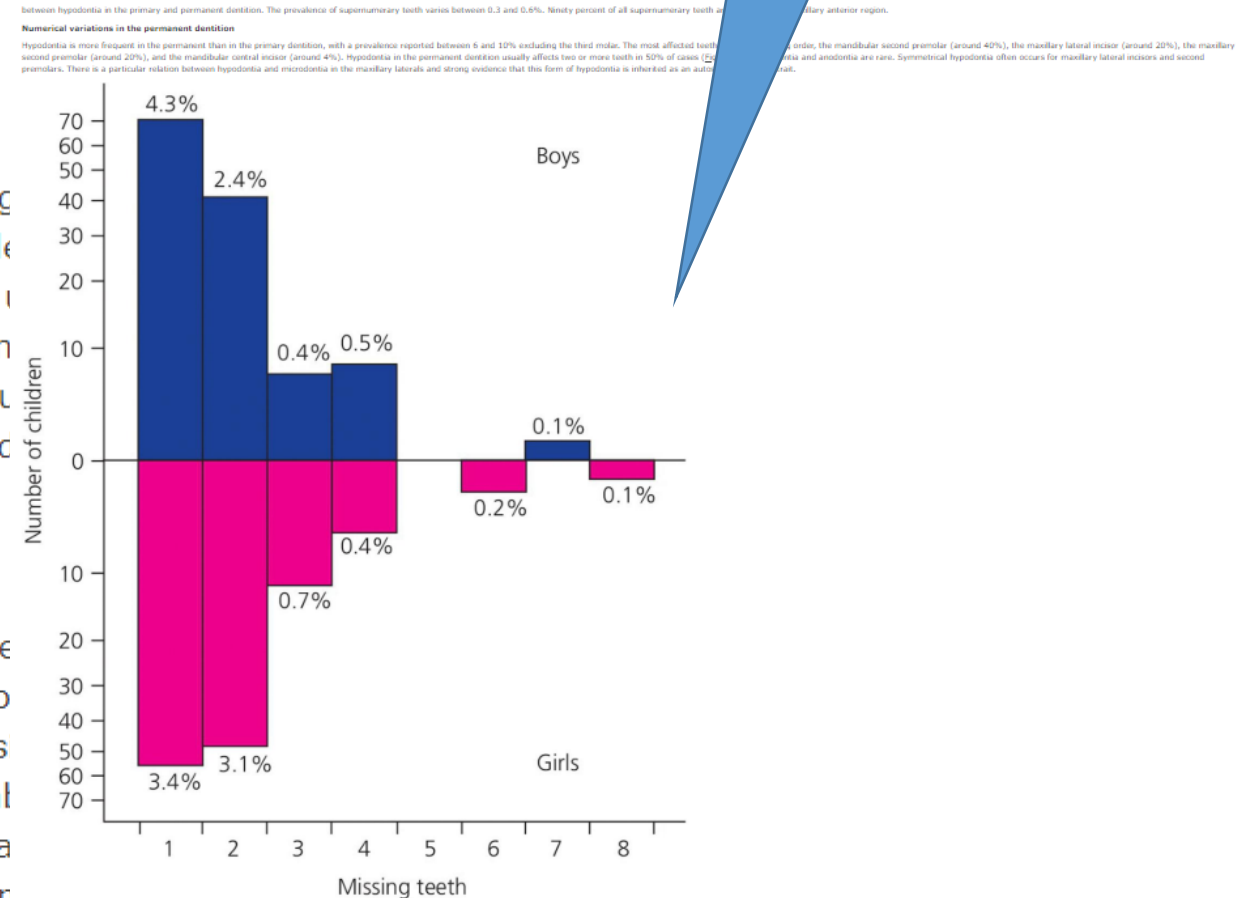
Göran Koch, Irma Thesleff, and Sven Kreiborg

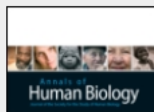
Mechanisms of normal and abnormal tooth development

Teeth develop as epithelial appendages from the ectoderm covering aspects of tooth development at the microscopic level have been de more recent research has started to uncover the molecular details i dental cell differentiation and extracellular matrix formation, and m normal tooth development has been elucidated by experimental stu models, and studies in human molecular genetics have led to the ic dental aberrations.

Principles of tooth development

Tooth development starts from placodes, local thickenings of the de epithelium at the sites of future dental arches. The placodes bud to condenses around the bud. Rapid growth and folding morphogenes stage of development. The shape of the tooth crown becomes estal locations and heights of tooth cusps are set by additional foldings a odontoblasts and ameloblasts differentiate during the bell stage, ar dentin and enamel. respectively. Differentiation. matrix deposition.





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Research Paper

Combining radiographic and histological data for dental development to compare growth in the past and the present

M. Christopher Dean , Helen M. Liversidge & Fadil Elamin

Pages 336-347 | Received 29 Apr 2014, Accepted 01 May 2014, Published online 10 Jun 2014

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 Figures & data

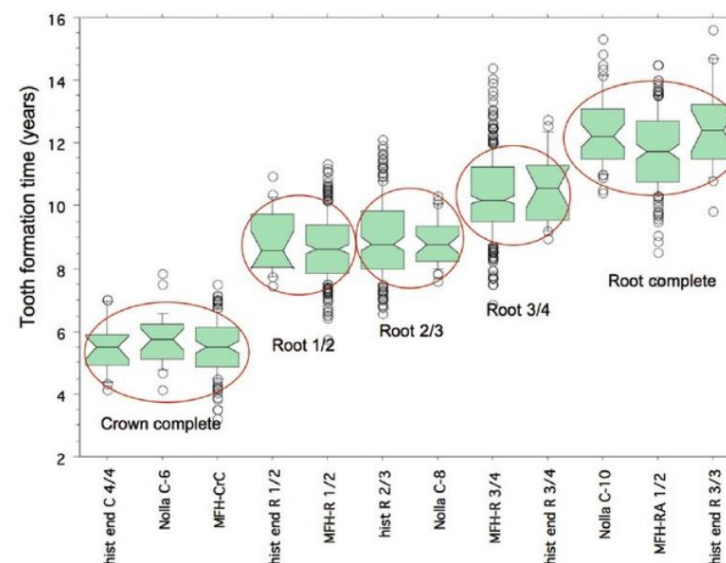
 References

 Cita

Abstract

Background: Being able to estimate the age at death of

Box-whiskers plot with the 5
quartiles for continuous variable:
Tooth formation time (years)



Figure

Caption

Figure 7. Box and whisker plots of age (tooth formation time) for radiographic stages between crown completion and root length complete alongside histological estimates (prefix "hist") for the same fractional stages of crown and root formation. Data for crown completion and thirds of root formation as defined by Nolla (1952) are notated (prefix "Nolla"), then as by Nolla (1952), "C-6" (crown completion), "C-8" (root 2/3ds) and "C-10" (root 3/3rds). Quarters were scored by Liversidge et al. (2006) using the definitions from Moorrees et al. (1963) and are notated (prefix MFH), then "Crc" (crown complete) or "R" (root) followed by the fraction. The histological stage (prefix "hist") that best matches these are notated "C" for crown and "R" for root. Then "end" indicates that the sample contains only the last increment within that fractional stage followed by the fraction. The median value for all data are represented by the central horizontal line in the box plot (not the mean values that are given in Table 2) and the upper and lower borders of each box represent quartiles. The notch on the sides of the boxes indicate the 95% upper and lower confidence limits (circles beyond the whiskers are outliers).

Characteristics of the study population

Fifty-three T2DM patients with normo or microalbuminuria were included in the study. Their median eGFR of 89.30 (67.86-99.50) mL/min was near the normal range. Clinical and biological characteristics of the studied subject are presented in [Table 1](#).

Table 1.

Descriptive clinical and biological characteristics of the studied subjects

Parameters	Patients (n=53)
Male n (%)	34 (64.20)
Age (years)	64.98±10.62
Diabetes duration (years)	8.00 (6.00-15.00)

Arithmetic mean,
standard deviation

median, IQR

