

Profile of Patients Undergoing Tooth Extraction and Endodontic Access in Dental Emergencies: A Cross-Sectional Study in Salvador, Bahia

Perfil de Pacientes Sometidos a Exodoncia y Acceso Endodóntico en Urgencias Odontológicas: Estudio Transversal en Salvador – Bahía

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RESUMO

Introdução: A assistência à saúde bucal no Brasil evoluiu com a consolidação do Sistema Único de Saúde (SUS), ampliando o acesso a serviços clínicos e especializados. Contudo, barreiras estruturais e determinantes sociais, como baixa escolaridade, renda insuficiente e dificuldade de acesso, ainda limitam o uso adequado dos serviços, especialmente entre indivíduos vulneráveis. Cáries e doenças periodontais não tratadas podem evoluir para quadros agudos, demandando atendimento urgente, frequentemente resultando em exodontia ou tratamentos conservadores, como acesso endodôntico.

Objetivo: Avaliar o perfil dos pacientes atendidos em uma Unidade de Atendimento Odontológico de Urgência (UAO–Dique), em Salvador–BA, considerando características sociodemográficas, condições de saúde bucal, fatores de risco e autopercepção em 2025. **Método:** Estudo transversal com 210 participantes. Foram coletados dados sociodemográficos, acesso a serviços, morbidade bucal, auto-percepção e impacto psicossocial. Aplicaram-se análises descritivas, testes de associação e regressão logística multivariada hierárquica. **Resultados:** Sexo, escolaridade e renda influenciaram diretamente o tipo de procedimento. Homens e indivíduos com menor escolaridade e renda apresentaram maior prevalência de extrações, enquanto mulheres e pacientes com melhores condições socioeconômicas tiveram mais procedimentos conservadores. Consultas regulares, proximidade da unidade de saúde e procura por tratamento aumentaram a realização de procedimentos preservadores. A autopercepção negativa da saúde bucal elevou a probabilidade de exodontia. **Conclusão:** Vulnerabilidades sociais, comportamentais e subjetivas determinam desfechos clínicos em urgência odontológica. Estratégias de promoção da saúde bucal, ampliação de tratamentos conservadores e educação continuada são essenciais para reduzir desigualdades, prevenir procedimentos invasivos e promover preservação dentária e qualidade de vida.

DESCRIPTORES: Urgência odontológica; Determinantes sociais da saúde; Exodontia; Endodontia; Auto-percepção de saúde bucal; Acesso a serviços de saúde.

ABSTRACT

Introduction: Oral health care in Brazil has evolved with the consolidation of the Unified Health System (SUS), expanding access to clinical and specialized services. However, structural barriers and social determinants, such as low education, insufficient income, and difficulty of access, still limit the adequate use of services, especially among vulnerable individuals. Untreated caries and periodontal diseases can progress to acute conditions, requiring urgent care, often resulting in tooth extraction or conservative treatments, such as endodontic access. **Objective:** To evaluate the profile of patients treated at an Emergency Dental Care Unit (UAO–Dique) in Salvador, Bahia, considering sociodemographic characteristics, oral health conditions, risk factors, and self-perception in 2025. **Method:** Cross-sectional study with 210 participants. Sociodemographic data, access to services, oral morbidity, self-perception, and psychosocial impact were collected. Descriptive analyses, association tests, and hierarchical multivariate logistic regression were applied. **Results:** Gender, education, and income directly influenced the type of procedure. Men and individuals with lower education and income had a

had more conservative procedures. Regular consultations, proximity to health facilities, and seeking treatment increased the number of preventive procedures performed. Negative self-perception of oral health increased the likelihood of tooth extraction. **Conclusion:** Social, behavioral, and subjective vulnerabilities determine clinical outcomes in dental emergencies. Strategies to promote oral health, expand conservative treatments, and provide continuing education are essential to reduce inequalities, prevent invasive procedures, and promote tooth preservation and quality of life.

DESCRIPTORS: Dental emergency; Social determinants of health; Tooth extraction; Endodontics; Self-perception of oral health; Access to health services.

RESUMEN

Introducción: La atención a la salud bucal en Brasil ha evolucionado con la consolidación del Sistema Único de Salud (SUS), ampliando el acceso a servicios clínicos y especializados. Sin embargo, las barreras estructurales y los determinantes sociales, como el bajo nivel educativo, los ingresos insuficientes y la dificultad de acceso, aún limitan el uso adecuado de los servicios, especialmente entre individuos vulnerables. Las caries y las enfermedades periodontales no tratadas pueden evolucionar hacia cuadros agudos que requieren atención de urgencia, resultando con frecuencia en exodoncias o tratamientos conservadores, como el acceso endodóntico. **Objetivo:** Evaluar el perfil de los pacientes atendidos en una Unidad de Atención Odontológica de Urgencia (UAO-Dique), en Salvador-BA, considerando características sociodemográficas, condiciones de salud bucal, factores de riesgo y autopercepción en 2025. **Método:** Estudio transversal con 210 participantes. Se recopilieron datos sociodemográficos, de acceso a servicios, morbilidad bucal, autopercepción e impacto psicosocial. Se aplicaron análisis descriptivos, pruebas de asociación y regresión logística multivariada jerárquica. **Resultados:** El sexo, la escolaridad y los ingresos influyeron directamente en el tipo de procedimiento. Los hombres y las personas con menor escolaridad e ingresos presentaron una mayor prevalencia de extracciones, mientras que las mujeres y los pacientes con mejores condiciones socioeconómicas tuvieron más procedimientos conservadores. Las consultas regulares, la proximidad a la unidad de salud y la búsqueda de tratamiento aumentaron la realización de procedimientos preservadores. La autopercepción negativa de la salud bucal incrementó la probabilidad de exodoncia. **Conclusión:** Las vulnerabilidades sociales, conductuales y subjetivas determinan los resultados clínicos en las urgencias odontológicas. Las estrategias de promoción de la salud bucal, la ampliación de tratamientos conservadores y la educación continua son esenciales para reducir desigualdades, prevenir procedimientos invasivos y promover la preservación dental y la calidad de vida.

DESCRIPTORES: Urgencia odontológica; Determinantes sociales de la salud; Exodoncia; Endodoncia; Autopercepción de la salud bucal; Acceso a los servicios de salud.

RECEIVED: 10/07/2025 APPROVED: 10/21/2025

How to cite this article: Marques MB, Amaral MTR, Barreto Neto LO, Lima MM. Profile of Patients Undergoing Tooth Extraction and Endodontic Access in Dental Emergencies: A Cross-Sectional Study in Salvador, Bahia. *Saúde Coletiva* (Edição Brasileira) [Internet]. 2025 [acesso ano mês dia];16(101):17686-17703. Disponível em: DOI: 10.36489/saudecoletiva.2025v16i101p17686-17703



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INTRODUCTION

Oral health care has not always been available to the Brazilian population. In the past, the government limited itself to health promotion actions through vaccination campaigns and endemic disease control, while health care was provided by the National Social Security Institute (INPS) and restricted to specific groups, such as formally employed workers (Souza, 2002; Schueitzer et al., 2022). With the inclusion of the right to health in the Constitution and the consolidation of the Unified Health System (SUS), public policies began to be implemented, expanding access to clinical dentistry and specialties in the pursuit of comprehensive care (Ministry of Health, 2023; Santos et al., 2023).

In this context, the regionalization of health strengthened the proximity of public authorities to the population, enabling advances not only in the provision of dental services and specialties but also in the expansion of the health care network (Brazil, 2004a). Basic Health Units (UBS), Family Health Units (USF), Dental Specialty Centers (CEO), and Emergency Care Units (UPA) make up this coordinated set that characterizes the SUS. In the municipality of Salvador, Bahia, there is also a Dental Care Unit (UAO), which specializes in emergency dental care.

Despite advances, the effectiveness of the SUS in fulfilling its principles still faces challenges, mainly due to the financial limitations of public coffers, the high demand for care, and social inequalities, which compromise universal access (Tofani et al., 2021). In addition to the structural barriers of the system, social determinants such as low income, insufficient education, and difficulty accessing essential goods and services also contribute to restrictions on health care. Under these conditions, vulnerable individuals end up deprived of alternatives in

the private sector, depending exclusively on public provision (Da Silva et al., 2023; Pezzini & Rizzotto, 2023).

Limited access to oral health care compromises the pillar of health promotion and favors the chronicity of oral diseases, often leading to tissue destruction and exacerbation. Dental caries and periodontal disease, which are highly prevalent in the Brazilian population, tend to evolve into severe damage to dental and periodontal structures when not treated properly (Frichem Bruder, Melo & Neves, 2020).

Given limited access to oral health services, it is common for caries and periodontal disease to progress to acute conditions, such as dental and gingival abscesses, pulpitis, periodontitis, and pericementitis, which require prompt and specific care. However, given the difficulty of access and socioeconomic limitations, many individuals resort to tooth extraction as a definitive form of treatment and pain relief (Silva Junior et al., 2017). Although it is a therapeutic option, tooth extraction can be mutilating, causing functional, aesthetic, psychological, and social repercussions, such as joint problems, impaired speech, chewing, and self-esteem (Dos Santos et al., 2021).

Alternatively, endodontic access is also used in the management of dental pain, consisting of opening the tooth and removing the inflamed or necrotic pulp tissue, followed by the need for endodontic (root canal) treatment, which is responsible for maintaining the tooth in the mouth in conditions compatible with oral health (Silva, 2020). However, the availability of these procedures is still limited in the public service, whether due to the lack of referrals to specialists, the scarcity of certain treatments, such as fixed prostheses, ignorance of the available options, or economic restrictions on seeking private service, factors that often reinforce the choice

of tooth extraction in emergency care (Da Silva, 2018).

Given this scenario and considering the relevance of studies that use representative data, this study aims to evaluate the profile of patients treated at an emergency dental unit in Salvador, considering sociodemographic characteristics, health conditions, and risk factors in the year 2025.

METHOD

This is a quantitative cross-sectional epidemiological study conducted at the Emergency Dental Care Unit (UAO-Dique) in Salvador, Bahia. The unit was chosen because it is exclusively for dental emergencies, operates 24 hours a day, is located in the central region, and is easily accessible.

A total of 214 patients aged between 17 and 65 years participated, selected by simple random sampling and who voluntarily agreed to participate by signing the Free and Informed Consent Form (FICF). Only patients undergoing dental emergency care were included; individuals with hearing impairments, mental disorders, or inability to respond to the questionnaire were excluded.

Data collection was performed by trained interviewers, individually applying a form adapted from the National Oral Health Plan – Smiling Brazil (2020), covering sociodemographic data, access to health services, oral morbidity, self-perception of oral health, and the impact of oral health on quality of life. When necessary, the questionnaire was conducted in the form of an interview.

Based on the literature, a theoretical-conceptual model was developed, structured in three hierarchical levels (distal, intermediate, and proximal). The dependent variables corresponded to the type of dental procedure performed (tooth extraction or endodontic access). At the distal level, variables related to sociodemograph-

ic characteristics and access to health services were considered; at the intermediate level, variables related to oral morbidity were included; and at the proximal level, those related to self-perception of oral health were included.

The data were coded, reviewed, and entered into a database for analysis in the R Development Core Team version R 4.5.0 computing environment, using descriptive analyses, Pearson's or Fisher's chi-square association tests, and hierarchical multivariate logistic regression, considering a significance level of 5%.

All stages of this research followed

the recommendations of CNS Resolutions 466/2012 and 510/2016, with the consent of the UAO-Dique coordination and approval of the Research Ethics Committee - CEP/UEFS (CAAE: 87057525.4.0000.0053).

RESULTS

In this study, 213 patients with a mean age of 39 years who were treated in dental emergency rooms in 2025 were analyzed. Table 1 shows a significant association between the type of procedure and the variables of gender, education, and income. Men and individuals with lower education

or no income had a higher prevalence of extractions, while women and patients with better socioeconomic conditions had a higher frequency of conservative procedures (endodontic access). The presence of a health facility close to the residence was also associated with a higher frequency of conservative treatments. On the other hand, race/color, number of people in the household, and receipt of social benefits showed no significant association. These findings reinforce that socioeconomic factors and access to health services directly influence clinical outcomes in dental emergency situations.

Table 1: Association between dental emergency procedures and the sociodemographic characteristics and access to health services of patients treated at the UAO in 2025.

Variables	Endodontic access		Tooth extraction		P-value
	n	%	n	%	
Gender					
Male (n=91)	55	60,4%	36	39,6%	0,020*
Female (n=122)	91	74,6%	31	25,4%	
Race					
White (n=13)	7	53,8%	6	46,2%	0,511
Black (n=113)	80	70,8%	33	29,2%	
Brown (n=81)	54	66,7%	27	33,3%	
Indigenous/Yellow (n=6)	5	83,3%	1	16,7%	
Number of people					
Up to 4 people (n=192)	131	68,2%	61	31,8%	0,246
5 or more people (=19)	15	78,9%	4	21,1%	
Education					
Complete elementary school (n=32)	15	46,9%	17	53,1%	0,016*
High school (n=149)	107	71,8%	42	28,2%	
Higher education (n=32)	24	75,0%	8	25,0%	
Income					
No income (n=17)	7	41,2%	10	58,8%	0,031*
Up to 1 SM (n=95)	65	68,4%	30	31,6%	
More than 1 SM (n=101)	74	73,3%	27	26,7%	
Benefit					
Yes (n=77)	51	66,2%	26	33,8%	0,532
No (n=135)	95	70,4%	40	29,6%	

Health unit					
Yes (n=195)	137	70,3%	58	29,7%	0,048*
No (n=17)	8	47,1%	9	52,9%	
Uses frequently					
Yes (n=97)	67	69,1%	30	30,9%	0,469
No (n=102)	72	70,6%	30	29,4%	

*p<0.05

The analysis in Table 2 shows that the presence of toothache, its intensity, pain in the face/cheek, and perception of treatment quality were not statistically significantly associated with the type of dental procedure performed. However, the variable time since the last dental appointment showed a significant association

(p=0.032), indicating that patients who had visited the dentist in the last year were more often subjected to conservative procedures (77.8%), while those who sought care after longer periods had a higher prevalence of tooth extractions.

Another relevant finding refers to the reason for seeking care, which showed a highly significant associa-

tion (p=0.001). Patients who sought care at the UAO due to pain or the need for continued treatment had a higher proportion of conservative procedures (72.6% and 80.2%, respectively). In contrast, among those who reported extraction as the main reason for seeking care, dental extractions predominated (59.5%).

Table 2: Association between dental emergency procedures and oral morbidity of patients treated at the UAO in 2025.

Variables	Endodontic access		Tooth extraction		P-value
	n	%	n	%	
Toothache					
No (n=64)	41	64,1%	23	35,9%	0,231
Yes (n=148)	104	70,3%	44	29,7%	
Intensity					
1-3 (Mild) (n=9)	5	55,6%	4	44,4%	0,202
4-6 (Moderate) (n=13)	7	53,8%	6	46,2%	
7-10 (High) (n=124)	91	73,4%	33	26,6%	
Dental appointment					
Up to 1 year (n=108)	84	77,8%	24	22,2%	0,032*
1 to 2 years (n=32)	18	56,3%	14	43,8%	
2 to 3 years (n=22)	15	68,2%	7	31,8%	
More than 3 years (n=32)	18	56,3%	14	43,8%	
Reason					
Pain (n=73)	53	72,6%	20	27,4%	0,000*
Extraction (n=42)	17	40,5%	25	59,5%	
Treatment (n=81)	65	80,2%	16	19,8%	
Quality of treatment					
Very good (n=167)	117	70,1%	50	29,9%	0,803
Regular (n=22)	14	63,6%	8	36,4%	
Poor (n=4)	3	75,0%	1	25,0%	

Pain in the face or cheek					
No (n=122)	82	67,2%	40	32,8%	0,618
Yes (n=88)	62	70,5%	26	29,5%	
Pain intensity					
4-6 (Moderate) (n=13)	8	61,5%	5	38,5%	0,323
7-10 (High) (n=75)	54	72,0%	21	28,0%	

*p<0.05

In the association between self-perceived oral health and emergency procedures (Table 3), it was found that patients who rated their oral health as very poor had a higher prevalence of tooth extractions (53.8%),

while those with a good rating had a predominance of endodontic access (78.4%) (p=0.045). In addition, feeling ashamed of one's oral condition was associated with a higher frequency of extractions (39.2%; p=0.019),

and reporting poor sleep was associated with a higher number of conservative procedures (74.7%; p=0.001). The other self-perception variables did not show a significant association.

Tabela 3: Associação entre procedimentos de urgência odontológica e autopercepção em saúde bucal dos pacientes atendidos na UAO no ano 2025.

Variables	Endodontic access		Tooth extraction		P-value
	n	%	n	%	
Evaluation					
Good (n=37)	29	78,4%	8	21,6%	0,045*
Regular (n=94)	67	71,3%	27	28,7%	
Poor (n=55)	37	67,3%	18	32,7%	
Very poor (n=26)	12	46,2%	14	53,8%	
Current treatment					
Yes (n=209)	143	68,4%	66	31,6%	0,682
No (n=3)	2	66,7%	1	33,3%	
Difficulty eating					
No (n=51)	35	68,6%	16	31,4%	0,567
Yes (n=162)	111	68,5%	51	31,5%	
Difficulty speaking					
No (n=148)	100	67,6%	48	32,4%	0,384
Yes (n=65)	46	70,8%	19	29,2%	
Discomfort when brushing					
No (n=108)	75	69,4%	33	30,6%	0,426
Yes (n=104)	70	67,3%	34	32,7%	
Stopped going out					
No (n=118)	81	68,6%	37	31,4%	0,544
Yes (n=95)	65	68,4%	30	31,6%	
Shame					
No	87	75,0%	29	25,0%	0,019*
Yes	59	60,8%	38	39,2%	

It gets in the way					
No	105	67,7%	50	32,3%	0,406
Yes	41	70,7%	17	29,3%	
Sleeps poorly					
No	16	41,0%	23	59,0%	0,000*
Yes	130	74,7%	44	25,3%	

*p<0.05

In the multivariate logistic regression analysis (Table 4), gender and income remained significantly associated with the type of emergency dental procedure in all models. Men were more likely to undergo tooth extraction than women (OR=2.32; CI: 1.22–4.37 in Model I; OR=3.51; CI: 1.75–7.03 in Model II; OR=2.83; CI: 1.47–5.43 in Model III). In relation to income, individuals with lower purchasing power were more likely

to undergo extraction, indicating a protective effect of higher income for conservative procedures (OR=0.70; CI: 0.51–0.96 in Model I; OR=0.64; CI: 0.45–0.88 in Model II; OR=0.63; CI: 0.46–0.85 in Model III).

In the intermediate model, the time since the last dental visit was associated with the outcome (p=0.046), suggesting that the absence of regular follow-up increases the chance of mutilating procedures. Finally, in the proximal model, self-perceived oral

health showed a significant association: patients who rated their condition negatively were more likely to undergo tooth extraction (OR=1.62; CI: 1.15–2.29).

These findings reinforce that sociodemographic factors and self-perception of oral health have a direct influence on the type of procedure performed in a dental emergency context, highlighting social and subjective vulnerabilities that can lead to mutilating interventions.

Table 4: Multivariate logistic regression, with dental emergency procedures (endodontic access and tooth extraction) as the outcome variable for patients treated at the UAO in 2025.

Models	Model I			Model II			Model III		
	p-value	OR	95% CI	p-value	OR	95% CI	p-value	OR	95% CI
Distal model									
Gender	0,010*	2,32	1,22;4,37	0,000*	3,51	1,75;7,03	0,002*	2,83	1,47;5,43
Income	0,029*	0,70	0,51;0,96	0,007*	0,64	0,45;0,88	0,003*	0,63	0,46;0,85
Education	0,091	0,59	0,32;1,09						
Health unit	0,084	0,39	0,13;1,13						
Intermediate Model									
Dentist appointment				0,046*	1,33	1,01;1,77			
Reason				0,360	0,84	0,56;1,23			
Proximal Model									
Evaluation							0,006*	1,62	1,15;2,29
Interferes							0,201	0,62	0,30;1,28

*p<0.05

DISCUSSION

The results of this study demonstrate that sociodemographic, behavioral, and subjective factors influence the type of dental procedure in an emergency context. Men, individuals

with low educational attainment, and lower income had a higher prevalence of tooth extractions, while women and patients with higher educational attainment and income had more access to conservative procedures, such as endodontic treatment. These findings reinforce the role of social deter-

minants in oral health and the need for mutilating interventions (Peres et al., 2019; Lima et al., 2021; Antunes & Narvai, 2010; Barbato et al., 2018).

International studies corroborate these findings. In low- and middle-income countries, such as Nigeria and India, extraction is the predominant

procedure in emergency services, especially among populations with limited access to primary oral health care (Ajayi et al., 2017; Singh et al., 2020). In contrast, in high-income countries such as Canada and the United Kingdom, the prevalence of extractions is lower, reflecting strengthened primary care systems and policies that prioritize preventive and restorative treatments (Marmot et al., 2020).

The time since the last dental visit was significantly associated with the type of procedure, indicating that regular visits increase the likelihood of conservative treatments, while long intervals between visits increase the risk of extractions (Peres et al., 2019; Petersen & Ogawa, 2012; Quiñonez et al., 2013).

Negative self-perception of oral health was also relevant, with patients who rated their condition as poor being more likely to undergo extraction. This finding shows that subjective perceptions influence the demand for care and the type of intervention performed, in line with previous studies (Santos, 2016; Silva et al., 2001; Petersen & Kwan, 2011). Sleep disorders, often associated with chronic dental pain, also influence the search for conservative treatments, motivating dental care for relief (Lei et al., 2024).

Multivariate analysis confirmed

the combined influence of sociodemographic, behavioral, and perceptual factors on the type of procedure, highlighting that social and subjective vulnerabilities increase the likelihood of mutilating interventions. Public policies and oral health promotion strategies should prioritize regular access to consultations, health education, and encouragement of conservative treatments, reducing inequalities and promoting tooth preservation (Kassebaum et al., 2017; Watt & Sheiham, 2012).

CONCLUSION

The results of this study indicate that socioeconomic factors, especially education and income, have a direct influence on clinical outcomes in dental emergencies. Individuals in greater social vulnerability were more likely to undergo mutilating procedures, such as tooth extraction, while those with better social conditions had greater access to conservative procedures, such as endodontic treatment.

Regular use of dental services and the reason for seeking care were also important determinants. Patients who maintain regular dental follow-up and seek care for treatment reasons are more likely to receive conservative interventions, while those who resort to services only when extraction is

necessary tend to have more invasive outcomes. These findings reinforce the importance of oral health education and continuous access to dental consultations as strategies to reduce the need for mutilating procedures, promoting tooth preservation and a better quality of life.

In addition, self-perception of oral health proved to be relevant as a determinant of clinical outcome. Patients who negatively assess their oral condition and perceive a greater psychosocial impact are more exposed to invasive procedures, such as tooth extraction.

In summary, the findings corroborate the hypothesis that social inequalities influence the pattern of procedures performed in dental emergency units. The predominance of extractions among individuals in situations of greater vulnerability reflects not only the severity of oral conditions at the time of seeking care, but also structural limitations in access to primary care and continuity of oral health care. These results reinforce the need for public policies that expand the availability of conservative treatments and implement strategies for oral health promotion and prevention, with a priority focus on the most vulnerable groups.

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