

가

I.

가 1. 58
46
25.7 (23 - 35)

1) 1 2
가 ,

2) 1,2 가 ,

3) 1,2 가 ,

2.

가 1
2

가 가

(Figure). I (0.5mm), II (>0.5mm, 1mm), III

II.

* 1998



Figure.

(>1mm, 1.5mm), IV (>1.5mm) 4

3,4

1 3
(Red Cote , Butler)

(CPC - 12, Hu - Friedy)

mm

Butler)

(End - tuft ,

2 1 3

가

3).

3.

3.

1

2

t-

Pearson

t-

가 (I II) 가
(III IV) t-

SPSS/PC+

1

1

57

III.

1.

1

2

가

(Table 1).

가

1

2

(Table 2).

2.

가

1

가

가

2

가

가

(Table

1

2

Table 1.		(mean ± S.D.)
1	1.15 ± 0.34	**
2	0.86 ± 0.30	

** : p < 0.01

Table 2.		(mean ± S.D.)
1	3.72 ± 2.10	**
2	4.43 ± 2.50	

** : p < 0.01

Table 3.

			p
1	0.34		0.005
1	0.43		0.000
2	0.01		0.469
2	-0.02		0.436

Table 4.

		(mean ± S.D.)
(1 - 3)		4.19 ± 2.49 **
(5 - 7)		3.01 ± 1.93
1 - 3		3.96 ± 2.19 NS
5 - 7		3.84 ± 1.85

** : p < 0.01

N : p > 0.05

Table 5.

		(mean ± S.D.)
I+II		1.04 ± 0.87 N
III+IV		1.22 ± 1.19

N : p > 0.05

가

가

(Table

(Table 5).

4).

가

1

IV.

가

가

(I II)

(III IV)

1-3).

4.5) . 가 가 1

2 가 1

6.7), 8-10), 11) , , 가

가 , 2

가 , 2

가 가 , V.

2 가 1 가 57

2 가 2 가 , 1

가 1 가 가 .

2 가 2 가 가 1. 1 가 2

2 가 가 가 2. 1 가 .

가 가 3. 2 가 .

4. 가 가

가 , 가 ,

VI.

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- Abstract -

Influence of Cervical Accessibility of Maxillary Molars on Plaque Control

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The purpose of this study was to evaluate the influence of accessibility to dental cervices of maxillary molars upon plaque control level of these areas. Fifty - seven dental students with healthy gingivae participated in this study. Maxillary dental casts were fabricated for each participants. Using the casts, cervical accessibility was measured at the mid - palatal point of maxillary first and second molars. Cervical accessibility was defined as the perpendicular distance from the entrance of gingival sulcus to the imaginary line between the most protruded points of palatal gingiva and tooth surface, and classified into degree I ($\leq 0.5\text{mm}$), II ($>0.5\text{mm}$, $\leq 1.0\text{mm}$), III ($>1.0\text{mm}$, $\leq 1.5\text{mm}$), and IV ($>1.5\text{mm}$). Plaque score was recorded as the distance from crest of gingival margin to the most coronal extent of plaque. Measurements of plaque score were repeated 3 times at 1 - week intervals. After the base - line measurements, the participants began to use unitufted brushes on randomly assigned right or left side. Two weeks later, a session of plaque score records identical to the baseline measurements was started. The maxillary second molars showed higher cervical accessibility than the first molars ($p < 0.01$), but the plaque scores of maxillary second molars were also

higher than those of first molars($p<0.01$). For the maxillary first molars, correlation between accessibility and plaque score was statistically significant, but such correlation was not found for the second molars. Use of unitufted brushes decreased the plaque score($p<0.01$). Correlation between accessibility and the degree of plaque score improvement was not found. These findings suggest that cervical accessibility may influence the amount of plaque, and use of adjunctive oral hygiene devices may be helpful in maintaining optimal oral hygiene level at the areas of low cervical accessibility.