### Abstract

Cigarettes smoking had many hazardous effects on the general health of humans including the oral health. Thus, passive smokers may be affected by different types of related diseases.

**Aim of the study:**
This study was designed to assess dental caries and some salivary constituents among a group of children affected by passive smoking in comparison with control group.

**Material and methods:**
The study involved 20 boys and 20 girls of passive smokers aged 10 years old compared to control group represented by the same number, gender and age of children of study group but for healthy individuals, $d_{1-4}$ mfs and $D_{1-4}$ MFS indices were applied (Muhlemann, 1976). Stimulated salivary samples were collected for the measurement of pH and flow rate in addition to the estimation of calcium, phosphorus, magnesium, zinc, amylase activity and total protein by chemical analyses.

**Results:**
Caries experience of primary teeth (dmds) among study group was lower within study group in comparison with control group with no significant difference statistically ($P>0.05$), while no difference regarding dental caries experience of permanent teeth (DMFS) between study and control groups. Salivary calcium, magnesium, total protein, amylase and PH were lower among study group compared with control group with statistical difference which was highly significant ($P<0.01$), the same result was recorded regarding females between the two groups, while regarding males the same result was recorded except for total protein and amylase activity as there was no significant difference statistically between males of study.
group compared with males of control group \((P>0.05)\) and the statistical difference regarding pH was significant. The level of salivary zinc ion was higher among study group compared with control group with statistical difference which was highly significant \((p<0.01)\), the same result was recorded among females while among males the same result recorded but the statistical difference was significant \((p<0.05)\). The level of salivary flow rate and inorganic phosphate was lower among study group compared with control group with no significant difference between them \((p>0.05)\).

Salivary calcium was correlated negatively with dental caries of primary dentition among study group with highly significant correlation \((P<0.01)\) between \(ca\) and \(m\) component. Salivary phosphorus ions was correlated negatively significantly \((P<0.05)\) with \(D\) significantly with activity was correlated positively significantly \((P<0.05)\) with DR3R among control group and with DR2R among males of control group; also it correlated positively highly significantly \((P<0.01)\) with DR3 Ramong males of control group. Salivary PH was correlated positively significantly \((P<0.05)\) with DR1 Rand DR3R among males of study group and with dR1R among females of study group, while it correlated negatively significantly \((P<0.05)\) with dR4R and R RDS among females of control group. Salivary flow rate was correlated negatively significantly \((P<0.05)\) with DR1R among males of study group while it correlated positively significantly \((P<0.05)\) with DS and DMFS among females of study group. Salivary magnesium was correlated negatively significantly \((P<0.05)\) with \(D1\) among males of study group and with \(D1\) and \(D2\) among females of study group; also it correlated positively highly significant \((P<0.01)\) with \(D1\) among control group and positively \(1\) and \(D3\) among males of control group. Salivary Zinc was correlated negatively highly significant \((P<0.01)\) with \(D3\) among study group. Salivary total protein was correlated negatively significantly \((P<0.05)\) with DMFS among control group and with \(d1\) among males of control group. Salivary amylase

Conclusion:
Passive smoking was founded to have no effect on dental caries status of the study group rather than it affects a selected salivary constituents. Dental caries were recorded among all subjects of the study and control groups, therefor special oral health, preventive, and educational programs are needed for them.