هون الأمر تعش في راحة
كلما هونت الا سيهون
ليس امر المرء سهلا كله
انما المرء سهول وحزون
تطلب الراحة في دار العنا
خاب من يطلب شيئا لا يكون

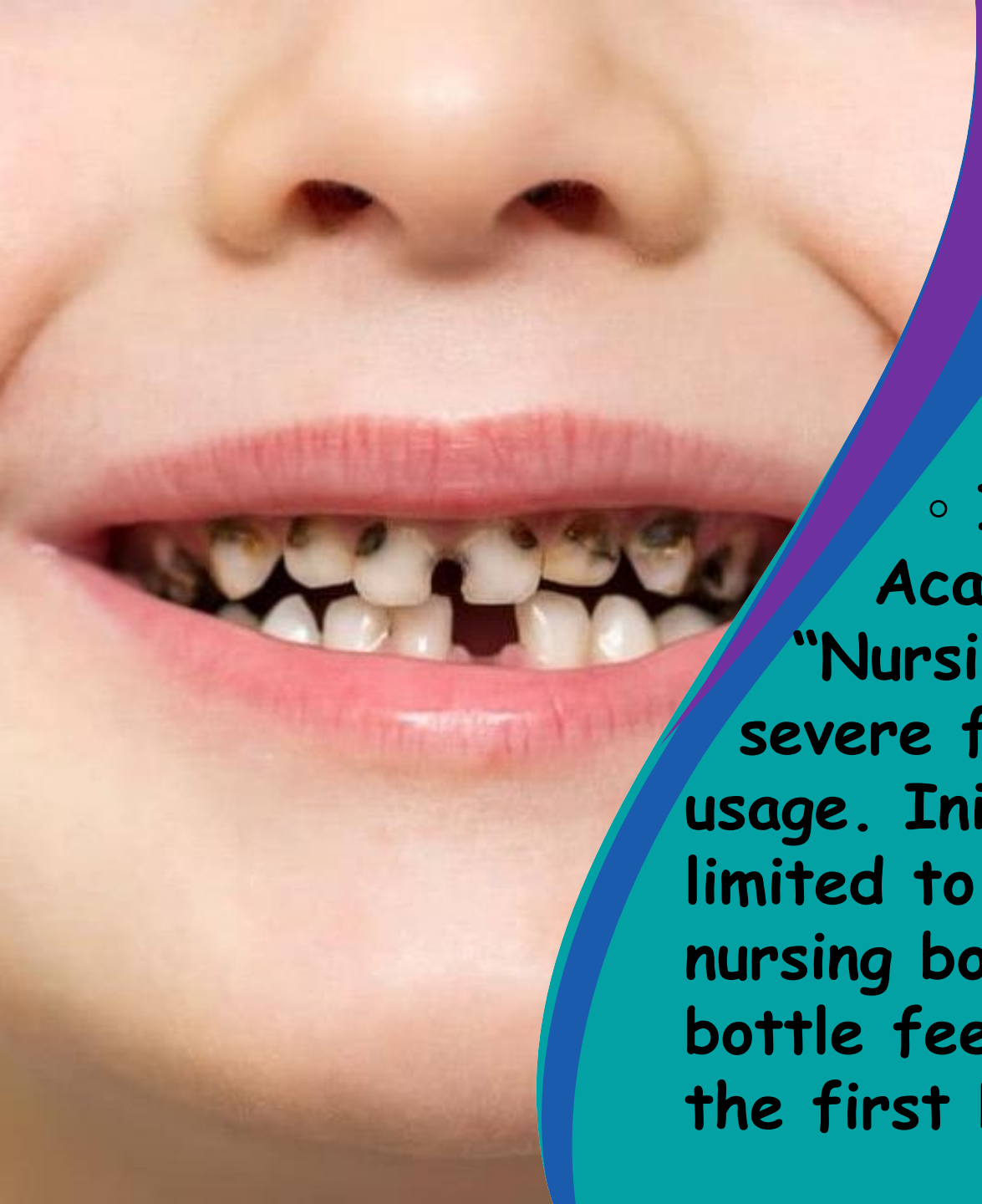
Rampant caries

Assist. Prof. Aseel Haidar

Introduction

What is Early Childhood Caries?

In 1862, an American physician, Abraham Jacobi, was the first to describe the clinical appearance of early childhood caries, which was observed in one of his own children



Early Childhood Caries

Dr. Ellias Fass, 1962 – 1st published comprehensive description of caries in infants and termed as " Nursing bottle caries".

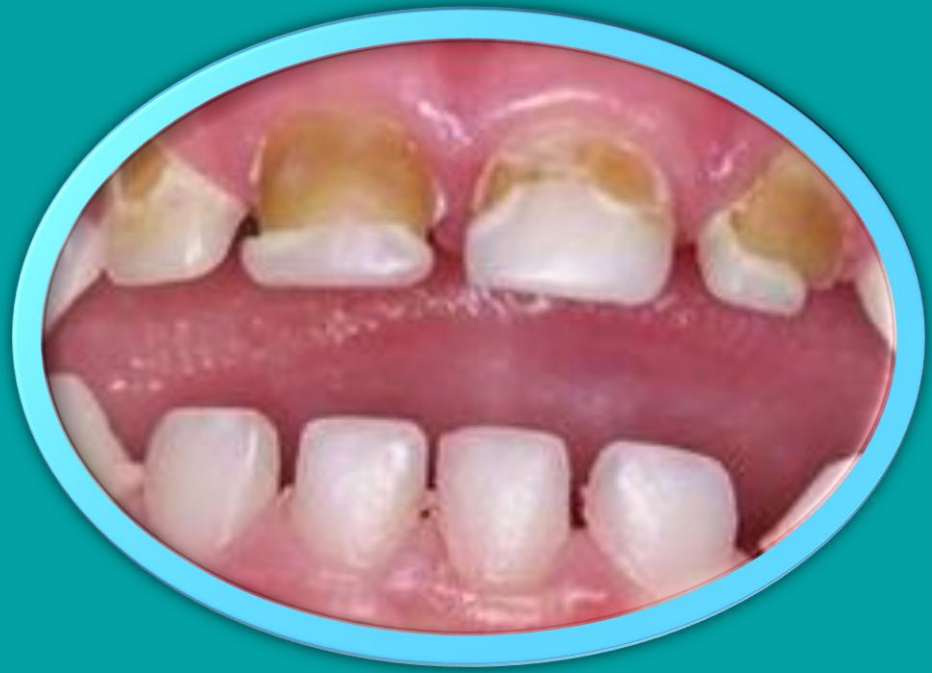
- In 1978, the American Academy of Pedodontics released "Nursing Bottle Caries", to address a severe form of caries associated with bottle usage. Initial policy recommendations were limited to feeding habits, concluding that nursing bottle caries could be avoided if bottle feedings were discontinued soon after the first birthday

Over the next 2 decades, however, recognizing that this distinctive clinical presentation was not consistently associated with poor feeding practices and that caries was an infectious disease, AAPD adopted the term "early childhood caries" (ECC) to reflect better multifactorial etiology.

- In 1985 the term "baby bottle tooth decay" was proposed as an alternative which would be more appropriate for patient acceptance and would focus attention on potential damage of using a nursing bottle

- The American Academy of Pediatric Dentistry (2002): ECC is the presence of one or more decayed (non cavitated or cavitated lesions), missing (due to caries), or filled tooth surfaces in any primary tooth in a child 71 months of age or younger

- ECC generally refers to a specific pattern of decay observed along the gum line in the baby teeth of children. The teeth most affected are usually the four upper incisors (the four front teeth)



- In children younger than 3 years of age, any sign of smooth-surface caries is indicative of severe early childhood caries (S-ECC)

What causes ECC?

What causes ECC?

There are several risk factors which play key roles in the progression of the disease, but it basically boils down to poor diet and poor oral hygiene

The bacterial risk factor

St… …utans &
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The sugar risk factor

Inappropriate use of the baby bottle contributes significantly to the cause and severity of ECC. e.g.filling bottles with fruit juice, soft drink, and dipping teats in syrups honey.

The feeding risk factor

Other causes

-Overindulgence of parents
-Exposure for long period of time to cariogenic substrates like[sugary drinks ,sweetened or fruit-based drink]in nursing bottles and/or feeder cups given as pacifiers or drinky feeder.
-parental history of caries[especially mother
-Little support from family
-Negative attitudes towards dental health
- Negative parental attitudes toward a healthy diet
-low educational level
-nursing bottle given at bed time.
-Learning disability in the child
-Malnutrition and low-birth weight infants

Types

TYPE 1 ECC
(mild to moderate)

Carious lesions involving the molars and incisors

1

TYPE 2 ECC
(moderate to severe)

Labiolingual carious lesion affecting the maxillary incisors with or without molar caries

2

TYPE 3 ECC
(severe)

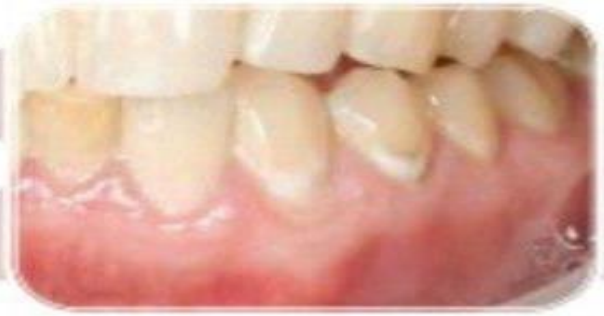
Carious lesion involve all the teeth, including mandibular incisors

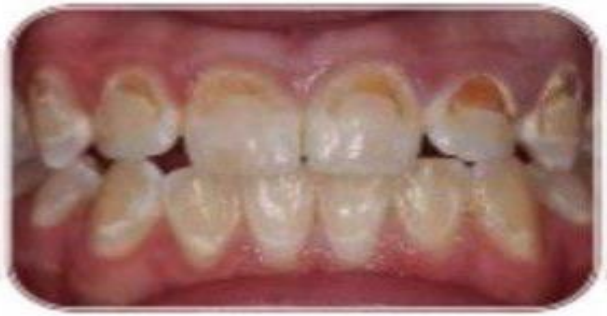
3

Mandibular anterior teeth are usually spared because of

- Protection by tongue
- Cleaning action of saliva due to presence of the orifice of the ducts of sublingual glands very close to lower incisors

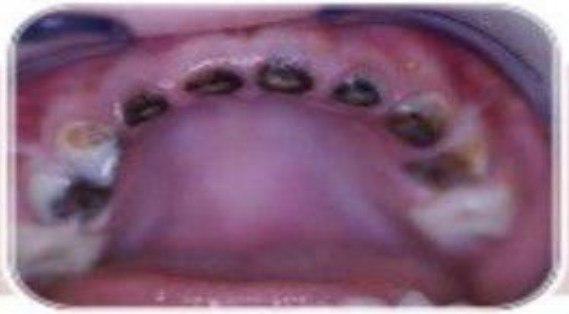
Initially, a demineralization dull, white area is seen along the gum line on labial aspect of maxillary incisors.





These white lesions become cavities which involve the neck of the tooth in a ring like fashion

Finally, the whole crown of the incisors is destroyed leaving behind brown-black root stumps.



Progression of the lesion

Implications

-The child who has nursing caries has an increased risk of developing caries even in permanent dentition.

-The child with caries is also susceptible to other health hazards.

-The treatment of nursing caries may prove to be financial burden for some parents

-Loss of primary molars may lead to space loss and a space analysis should be performed to determine whether a space maintainer is needed.

AIMS

Management of existing emergency.
Arrest and control of the carious process.
Restoration and rehabilitation
Institution of preventive procedures

MANAGEMENT

FACTORS affecting the management

1. -Extent of the lesion
2. -Age of the patient and its related behavioral problems of child.

TREATMENT

FIRST VISIT

-This phase of treatment constitutes treatment of the lesion ,identification of cause for counseling of parents.

All lesions should be excavated and restored .

-Assess cooperation of child.

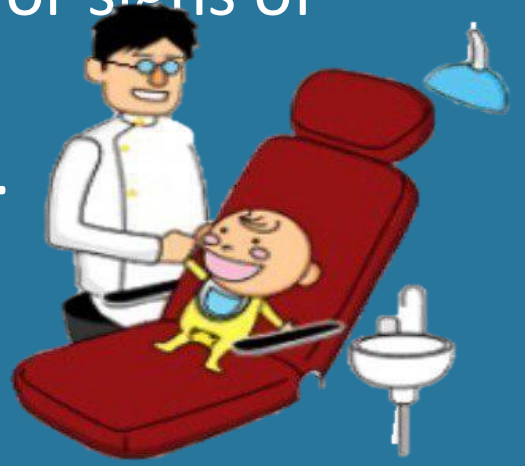
-If abscess is present it is treated through drainage.

-Restoration of primary molars depend on extent of caries and cooperation of child.

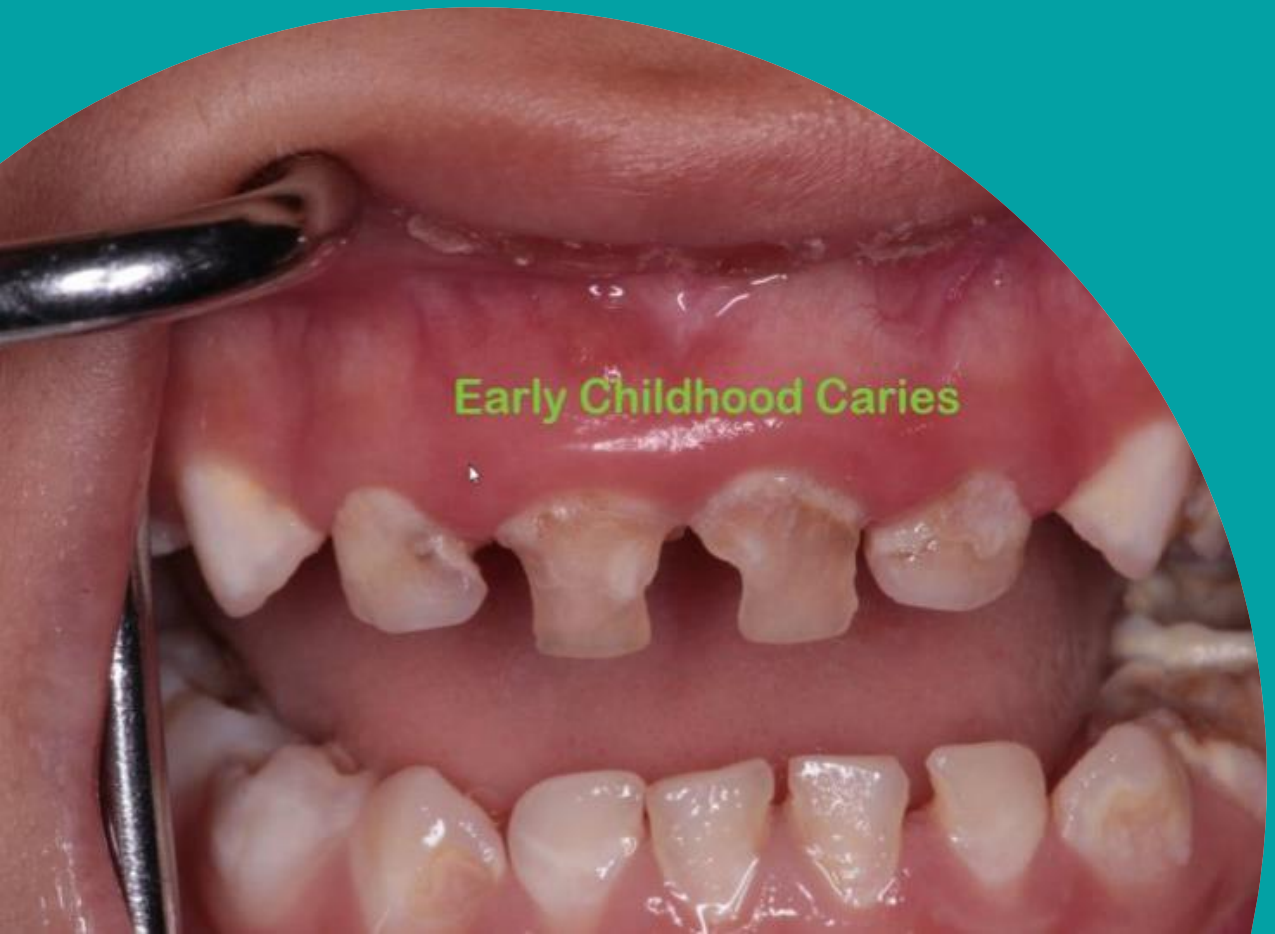
-Antibiotics should be prescribed where acute soft tissue swelling or signs of systemic involvement are present.

-X-rays are advised to assess the condition of succedaneous teeth.

-Collection of saliva for determining salivary flow and viscosity.



PARENT COUNCELLING



Parent should be questioned about the child's feeding habits, nocturnal bottles, demand for breast- feeding, pacifiers.

-Parents should be asked to try weaning the child from using the bottle as pacifier while in bed.

-In case of emotional dependence on the bottle, suggest use of plain or fluoridated water .

-The parents should be instructed to clean the child’s teeth after every feed.

Parents are advised to maintain a diet record of the child for 1 week that includes the time, amount Of food given to the child ,the type of the food and the number of sugar exposures

SECOND VISIT

Should be scheduled after 1 week

-Analysis of diet chart and explanation of disease process of child's teeth

-Isolate the sugar factors from diet chart and control sugar exposure.

-Reassess the restoration if needed.

-Caries activity tests can be started and repeated at monthly interval to monitor the success of treatment.

THIRD AND SUBSECQENT VISITS

-Restoring all grossly decayed teeth.
-Endodontic treatment
-In case of un restorable teeth ,extraction followed by space maintainer
-Crowns given for grossly decayed and endodontically treated teeth
-Review and recall after every 3 months

Any
Question?