

Dětské zubní lékařství

Kojenecký a batolivý věk roky

0-2

- zubní kaz ihned po prořezání
- primárně méněcenná sklovina
- dumlík s medem
cirkulární kaz
- sladké nápoje na noc

Předškolní věk

- kompletní dočasný chrup

6			6
6	1	1	6

2-6 let

- + I. stálé moláry
- + dolní střední řezáky

- Kaz na dočasných molárech okluse
aproximální plochy

Školní věk mladší

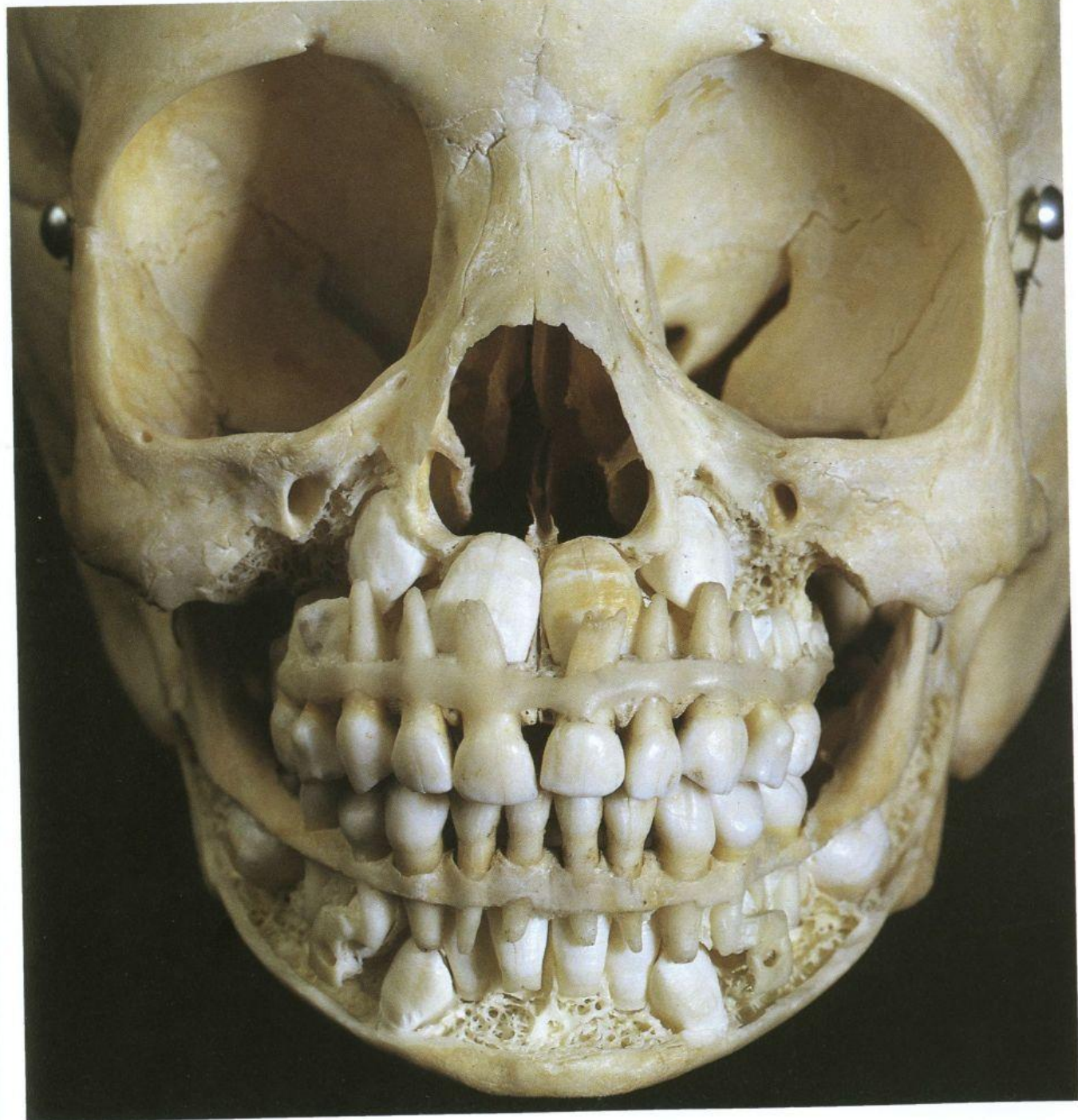
6-12 let

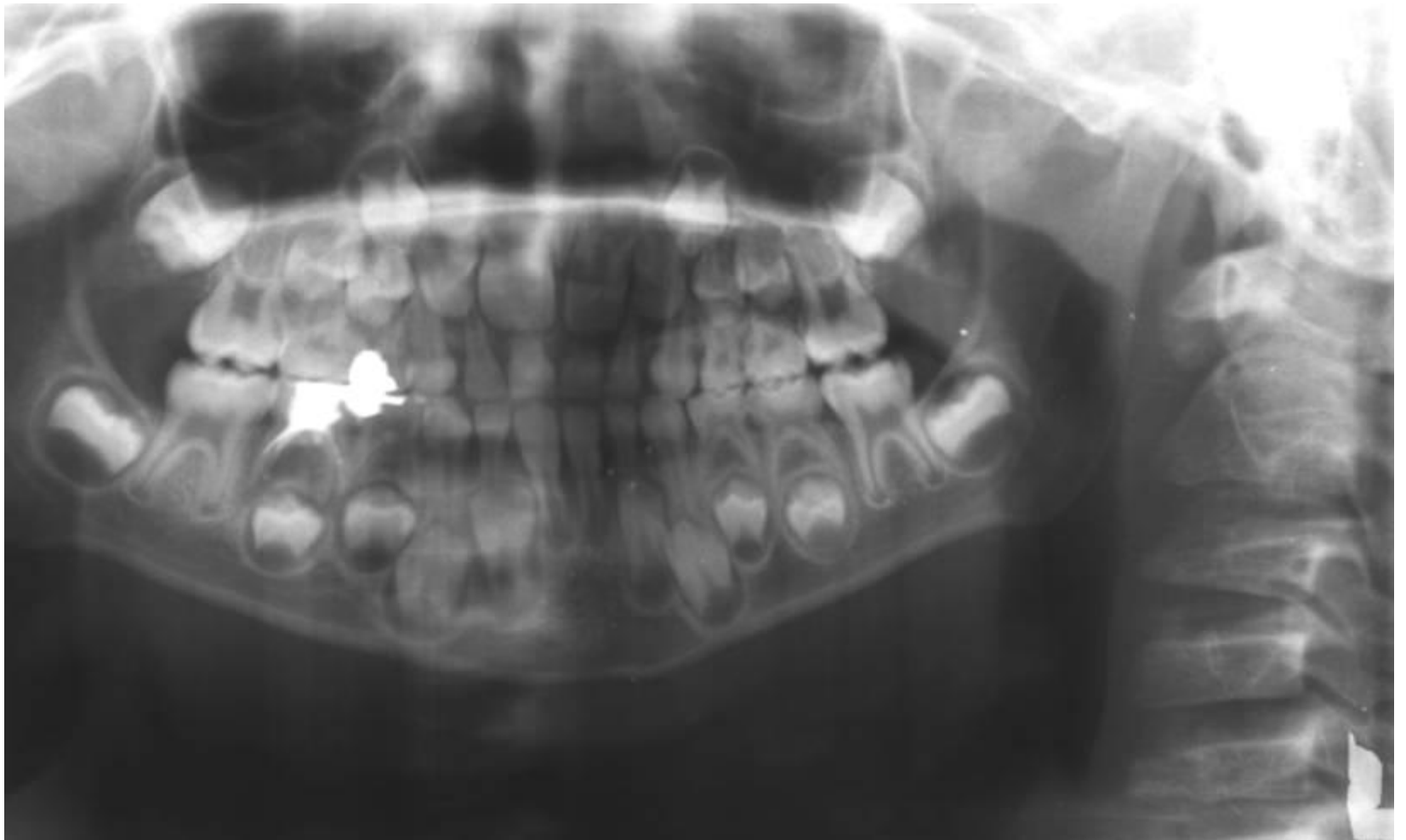
- Kaz na dočasných molárech
- Kaz na špičácích
- Nebezpečí postižení stálých zubů — nezralá sklovina

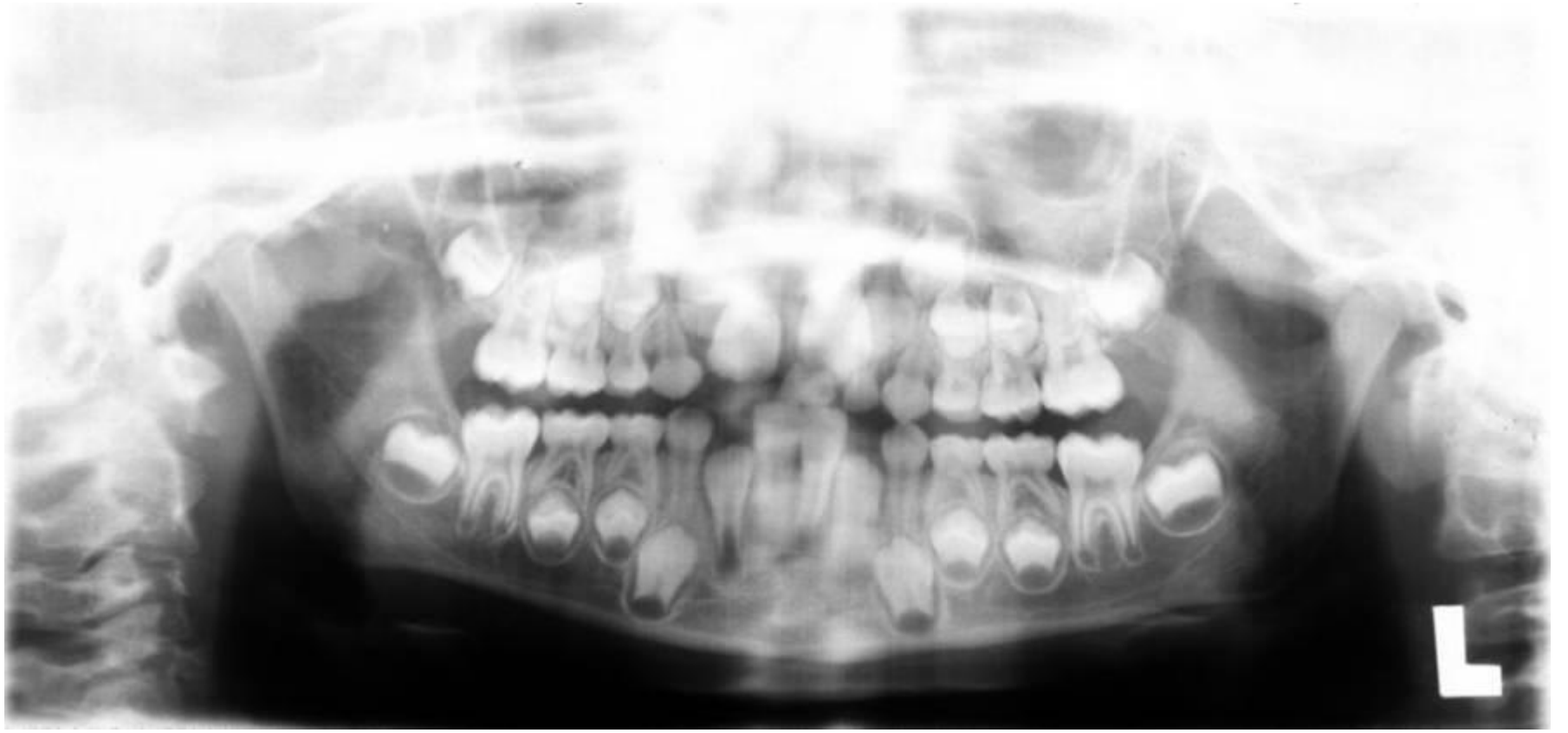
Školní věk starší

12-18 let

- Kaz na stálých molárech
- Kaz na premolárech
- Zanedbávání ústní hygieny – zvýšená kazivost chrupu, gingivitis









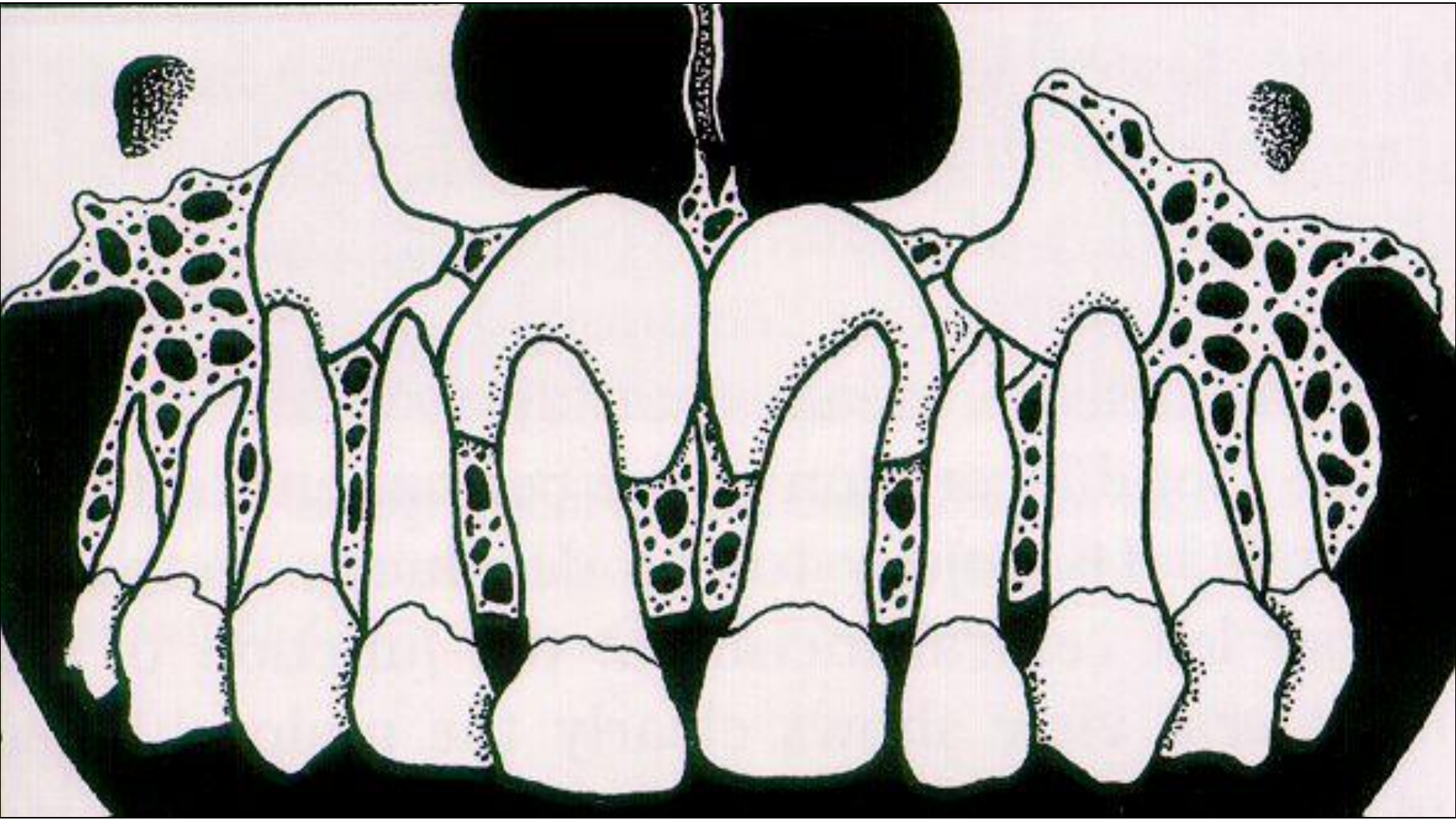


Fig. 10.1. Anatomic relationship between the two dentitions

The maxilla in a skull of a 3-year-old child. The intimate relation is shown between the primary central incisor and the permanent successor.



ZDRAVÝ CHRUP



VYSOKÁ KAZIVOST CHRUPU



PŘENOS DO STÁLÉHO CHRUPU



Nález

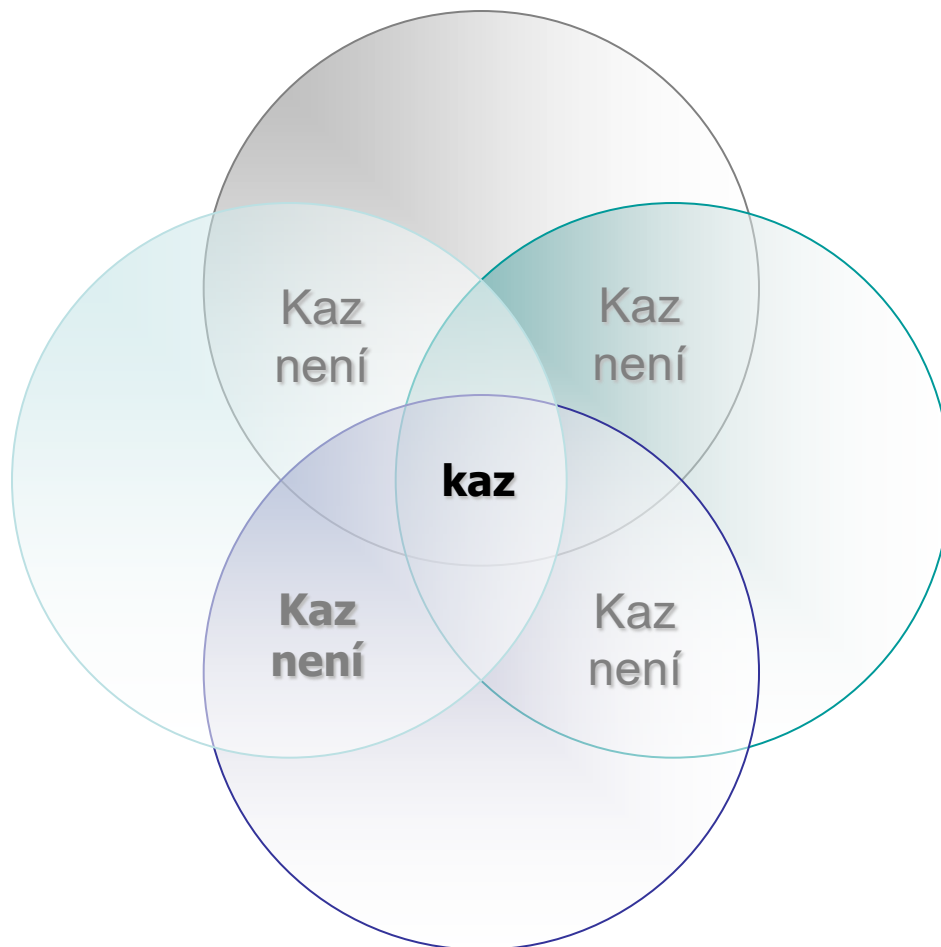


přenos do stálé dentice

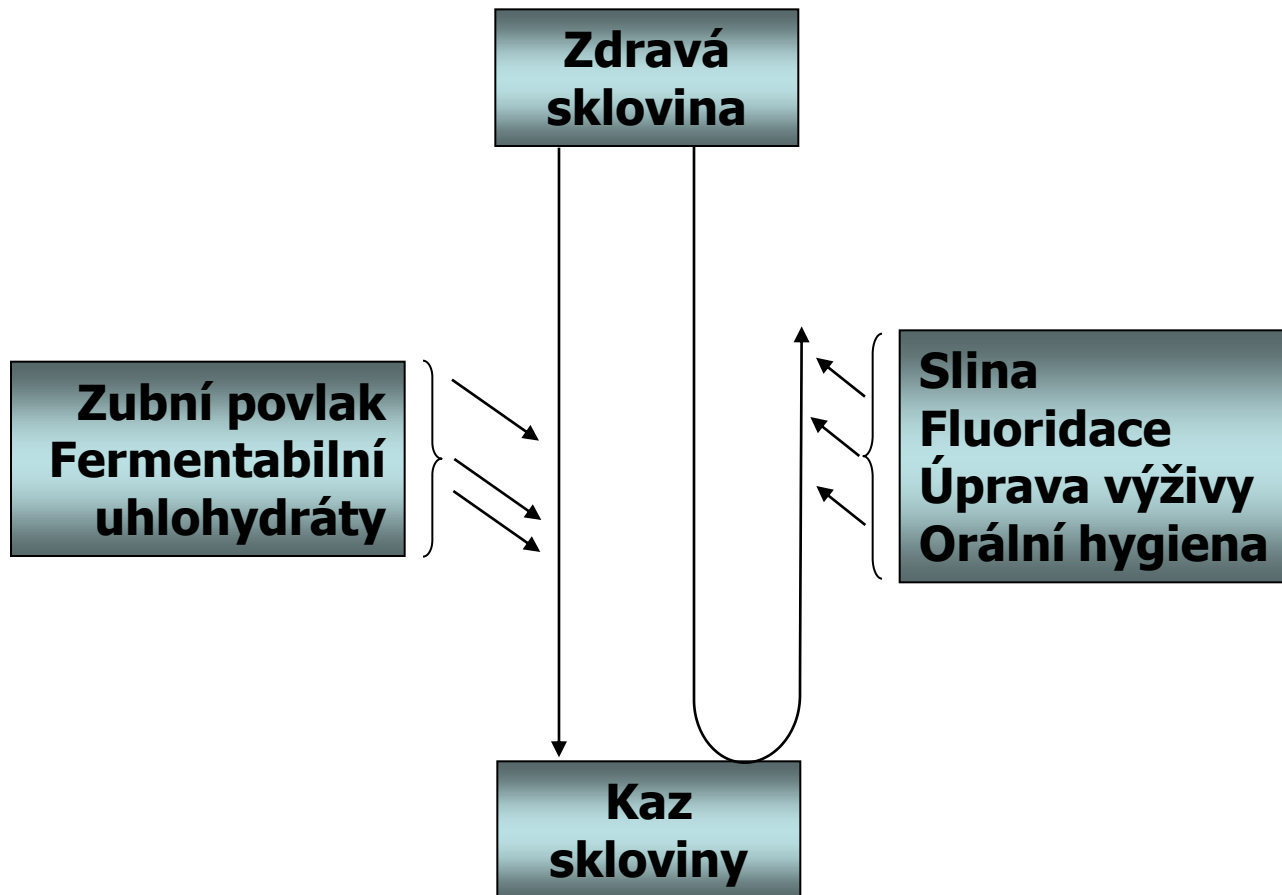
Mikroorganizmy

Citlivý povrch

Substrát



Čas







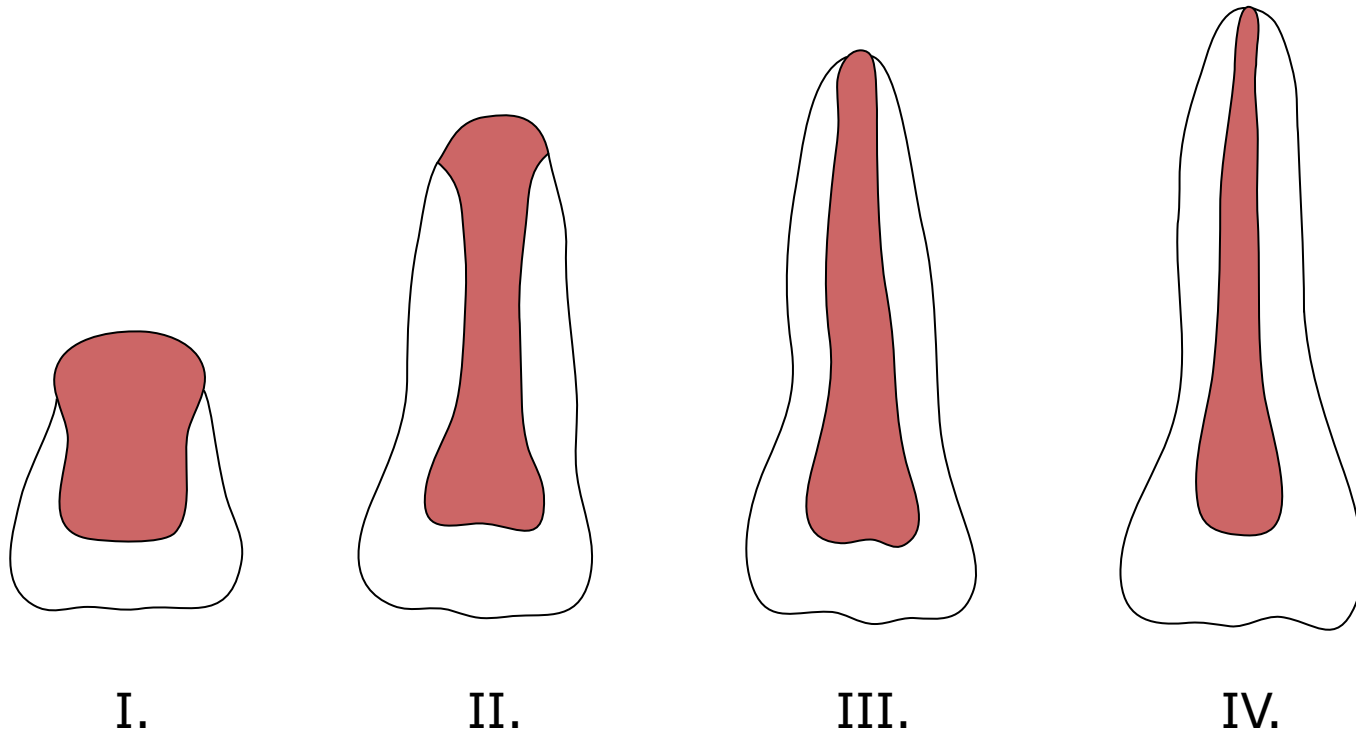


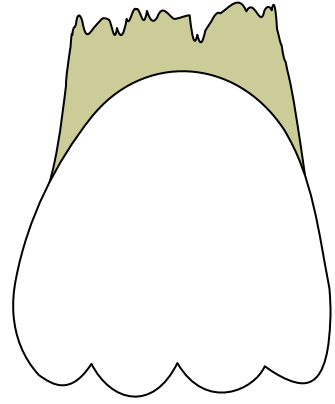
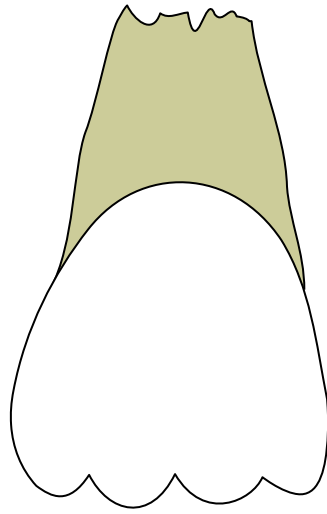
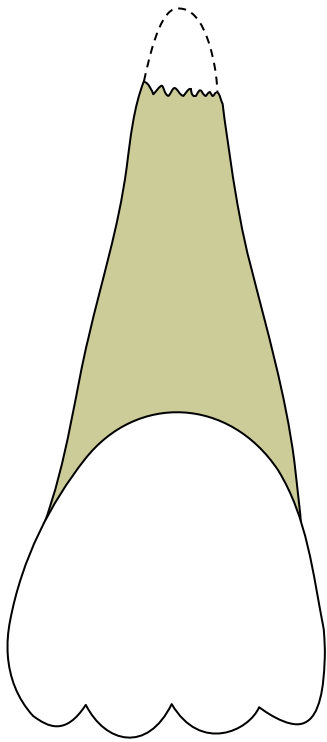


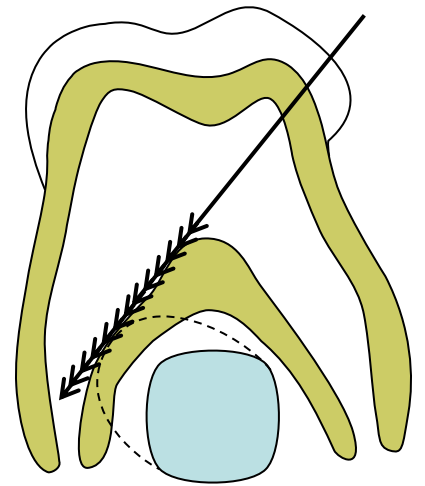
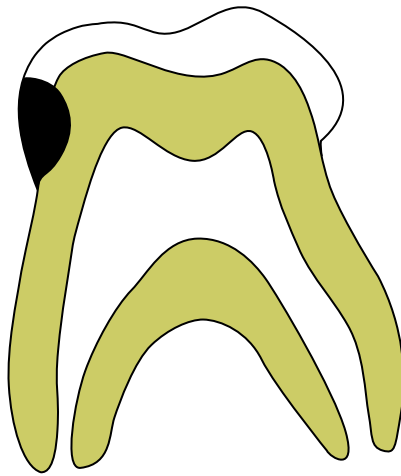
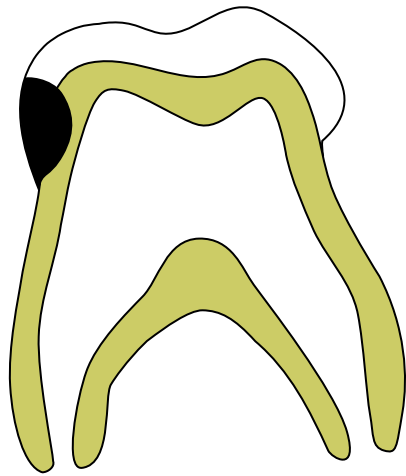
CHRUP ČISTÍME DVAKRÁT DENNĚ

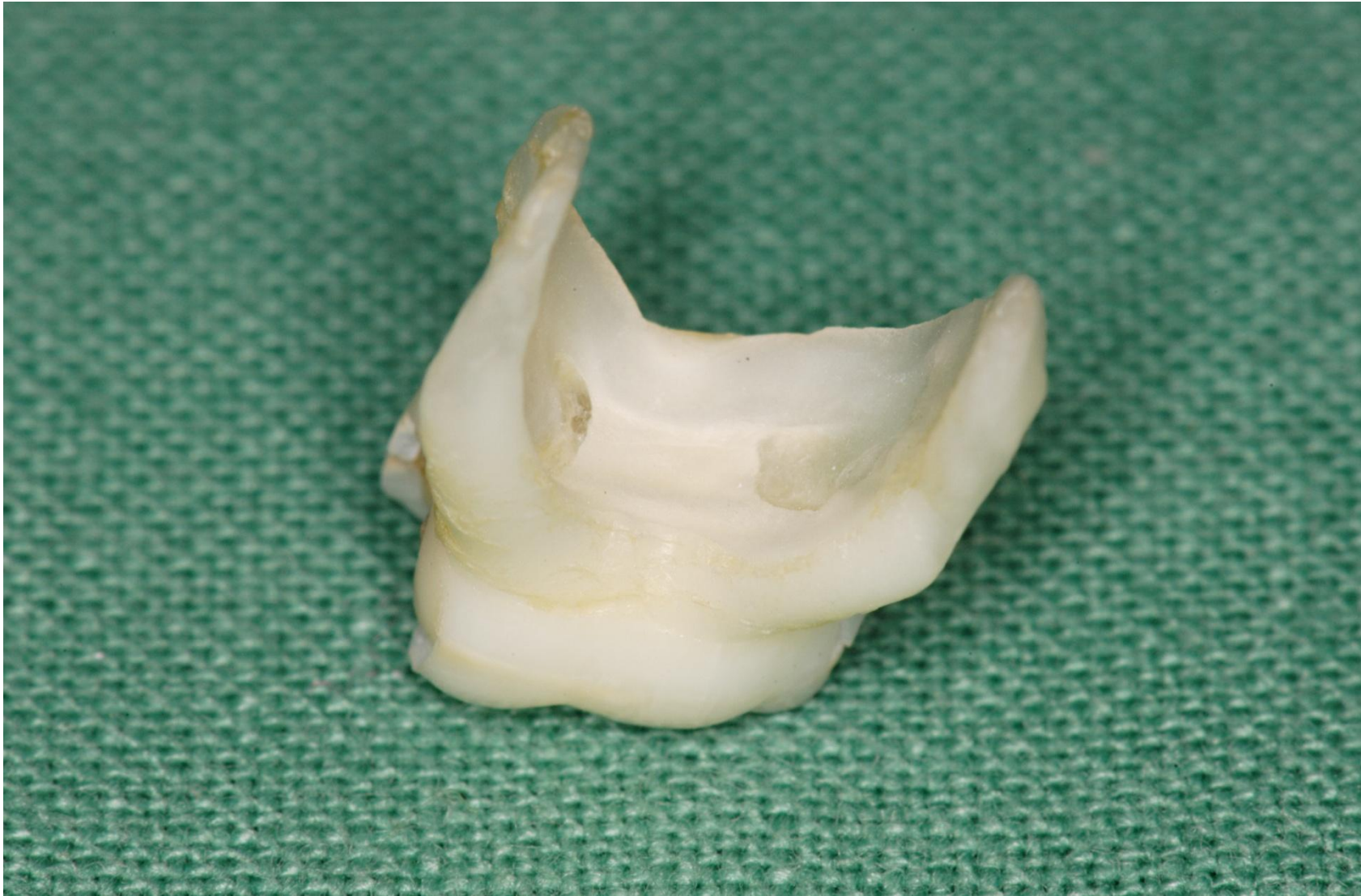


Vývojová stádia kořene



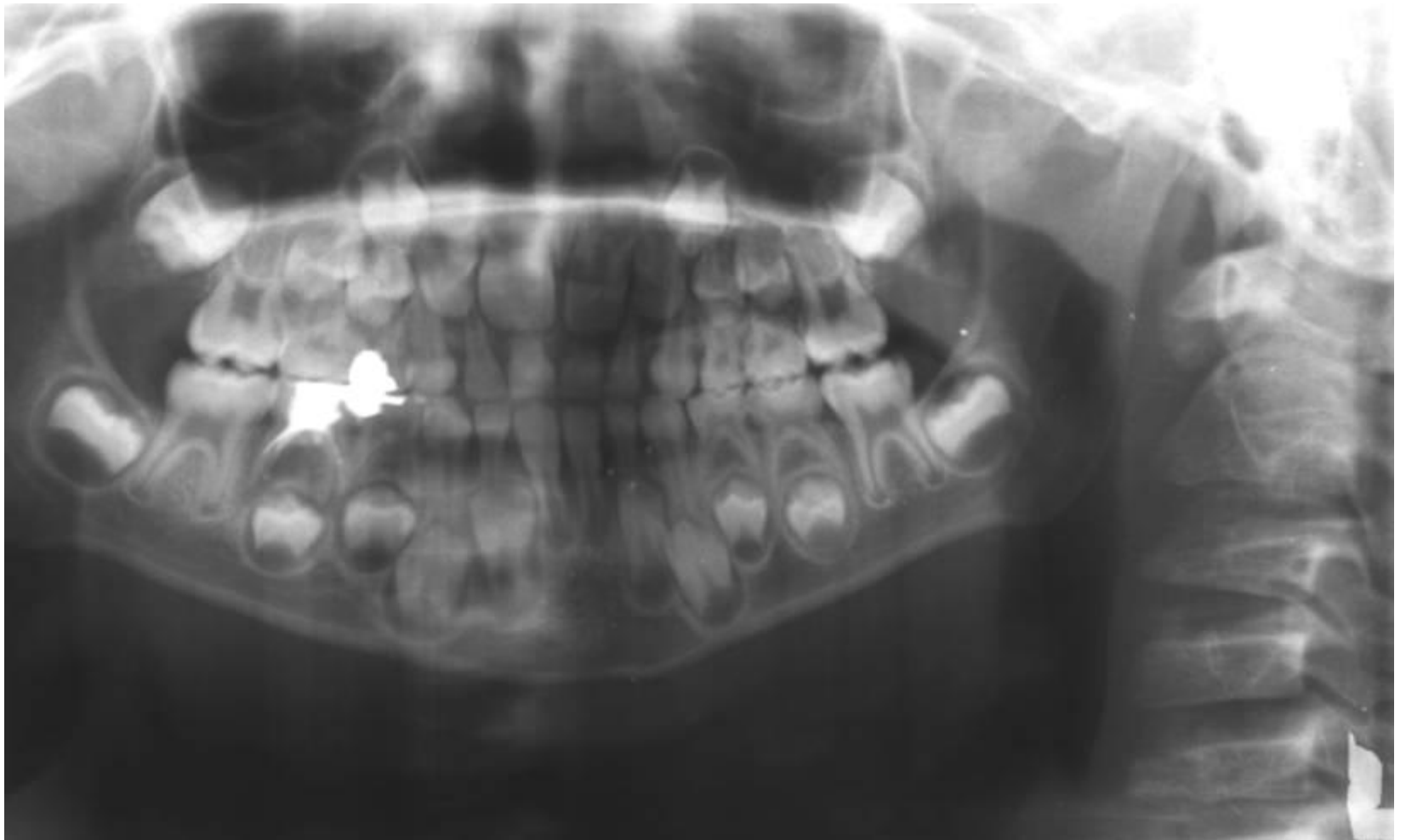


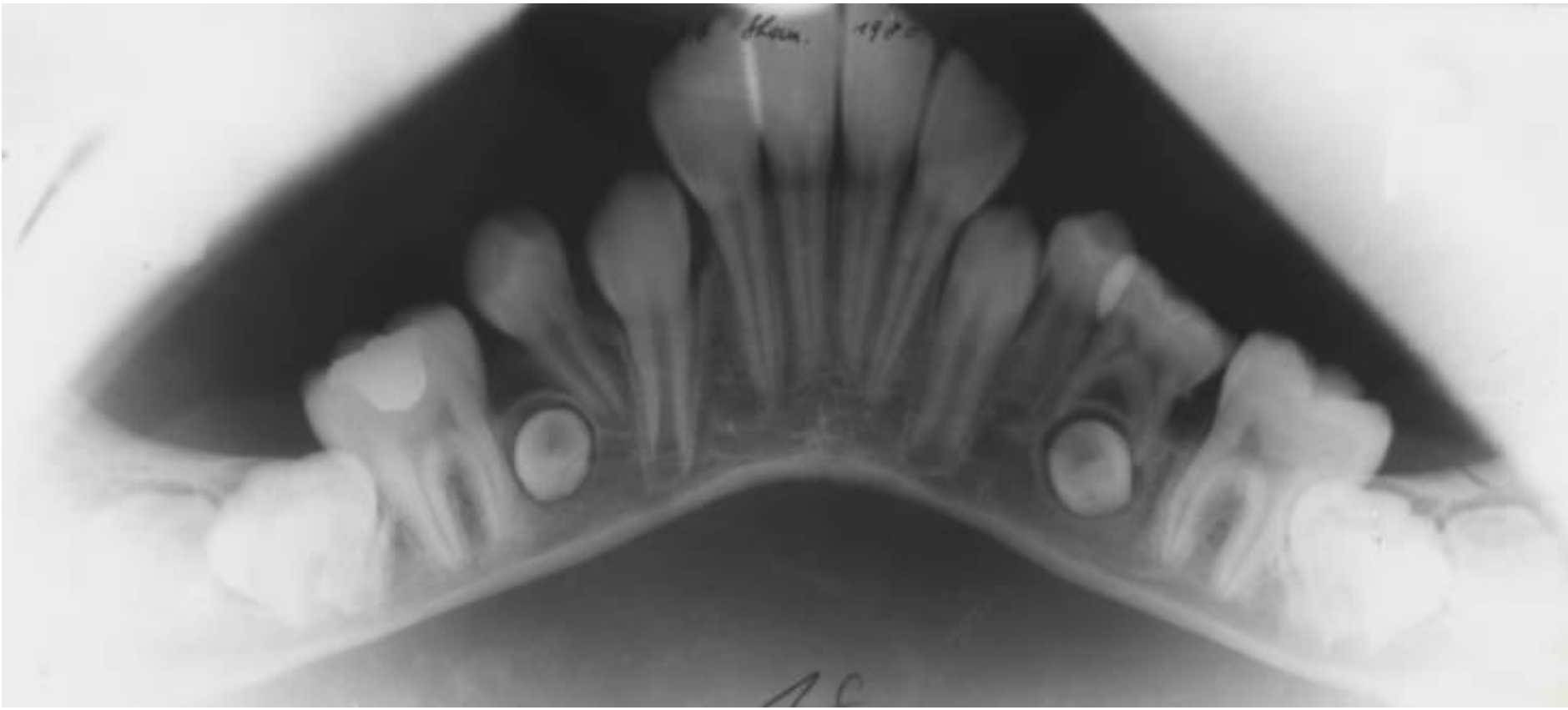


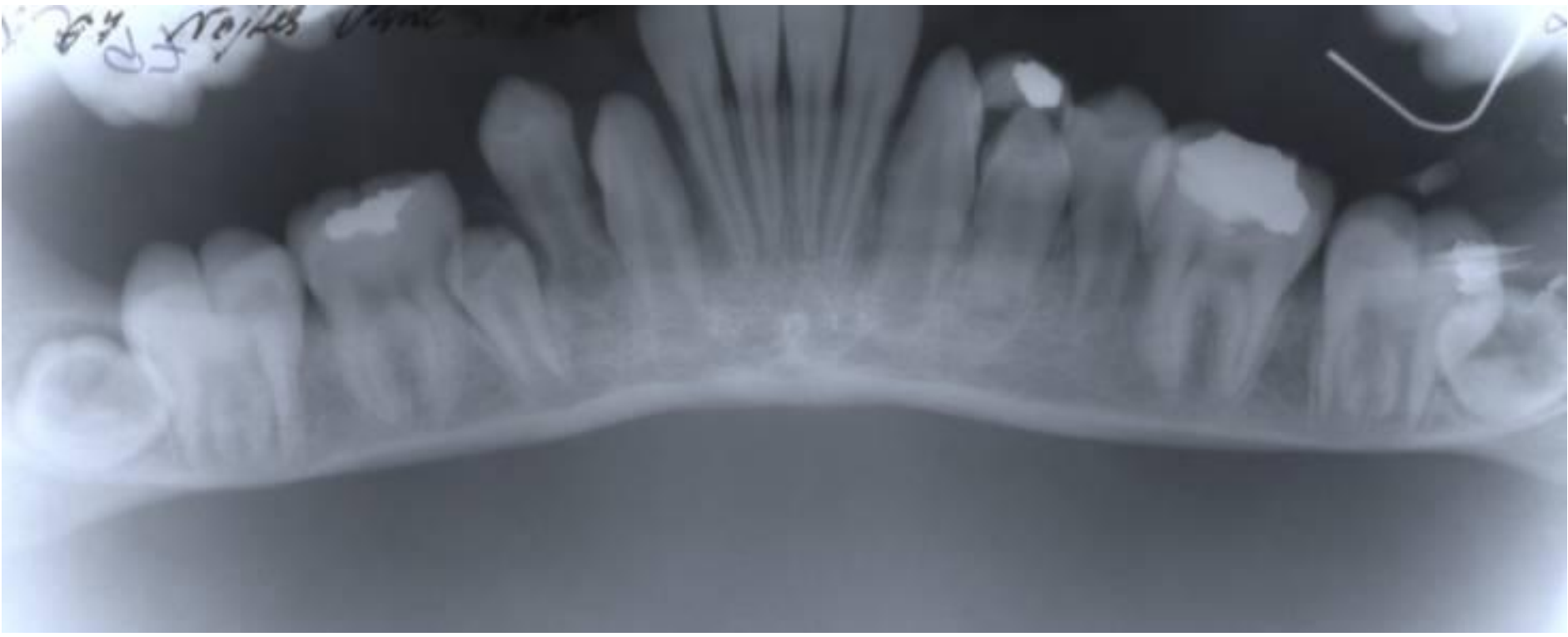


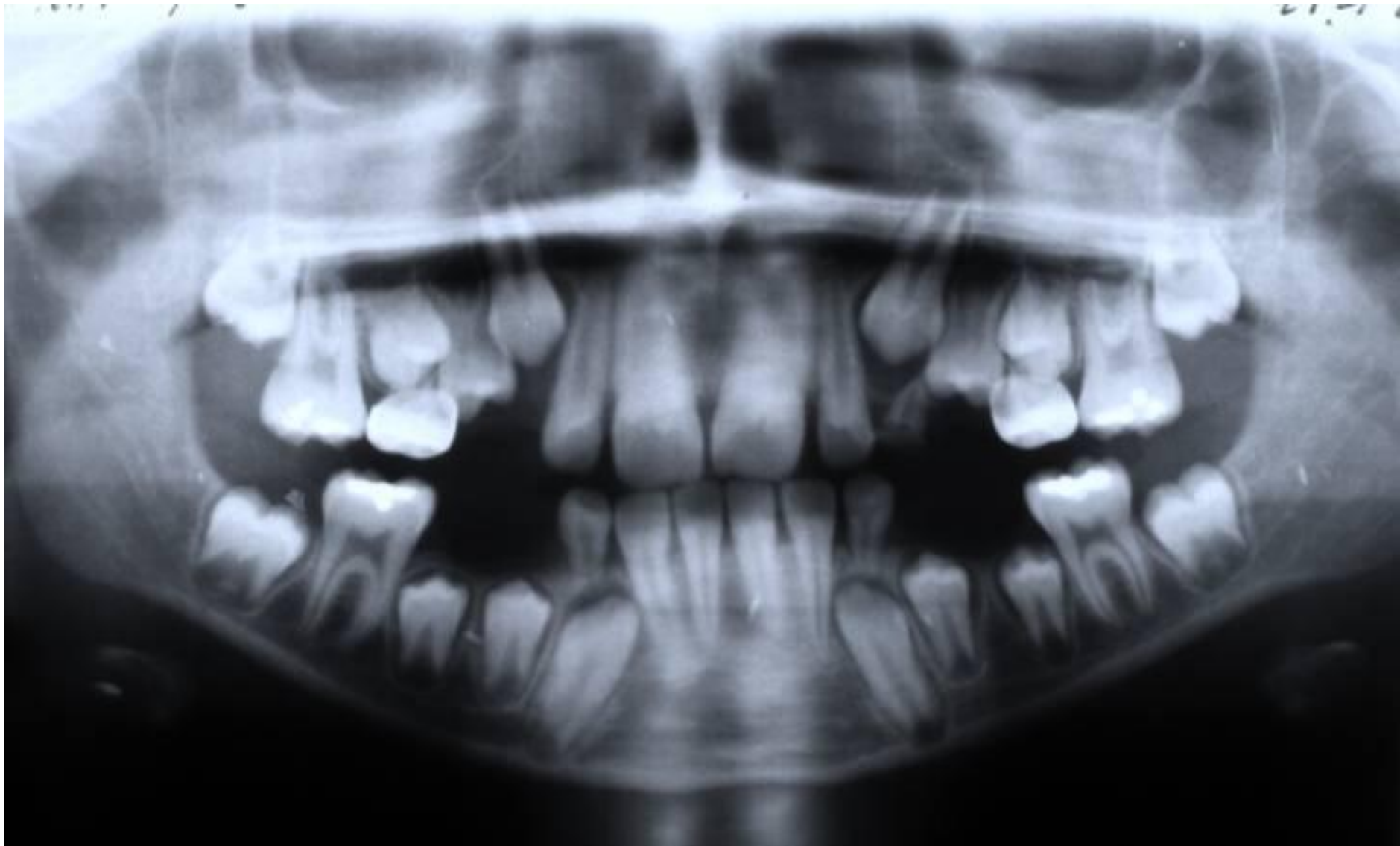




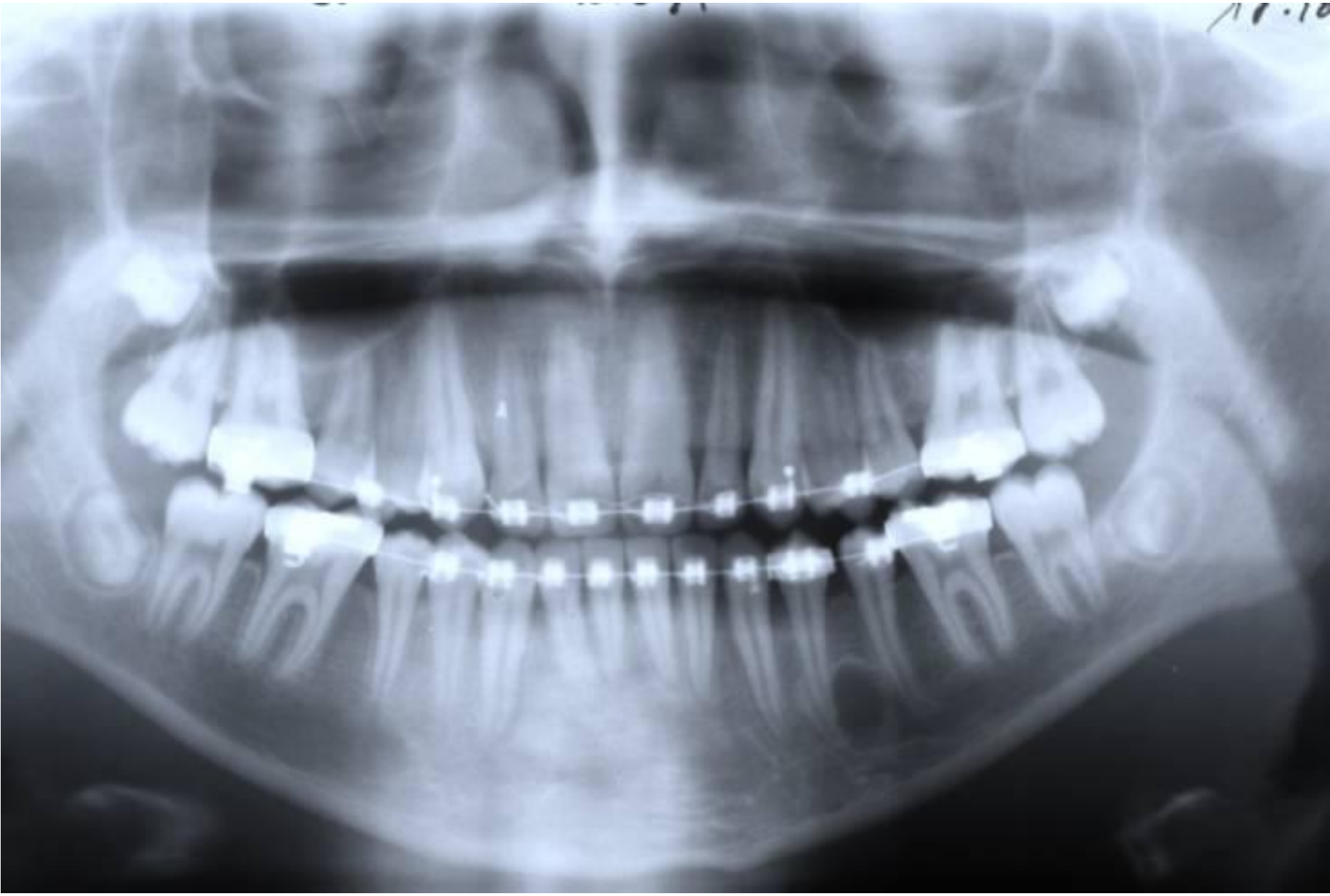








10.10



Rekonstrukce dočasného chrupu v případě ECC



Rekonstrukce dočasného chrupu v případě ECC



Rekonstrukce dočasného chrupu v případě ECC



Rekonstrukce chrupu u ektodermální dysplasie



Rekonstrukce chrupu u ektodermální dysplasie



Rekonstrukce chrupu u ektodermální dysplasie

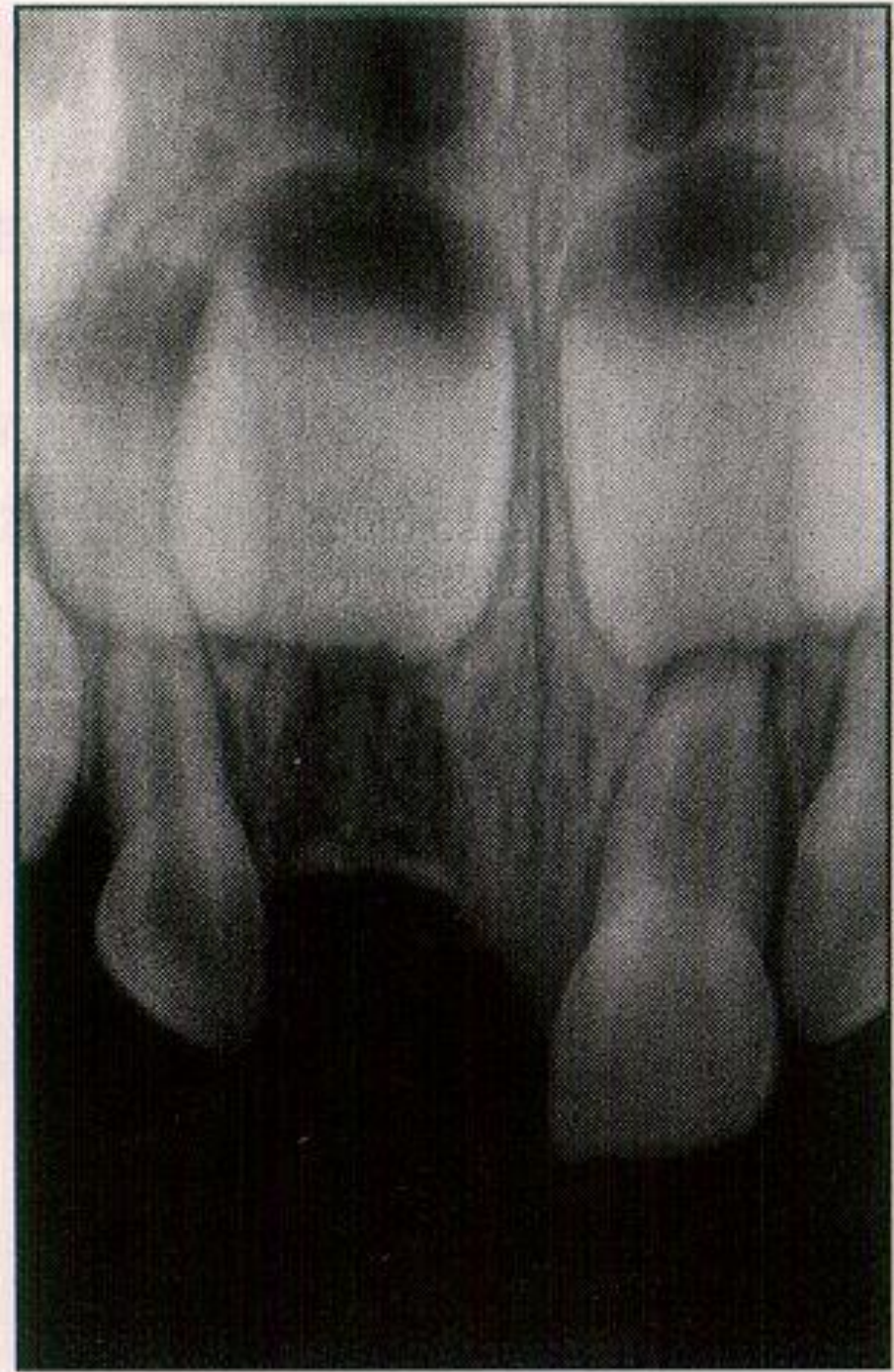
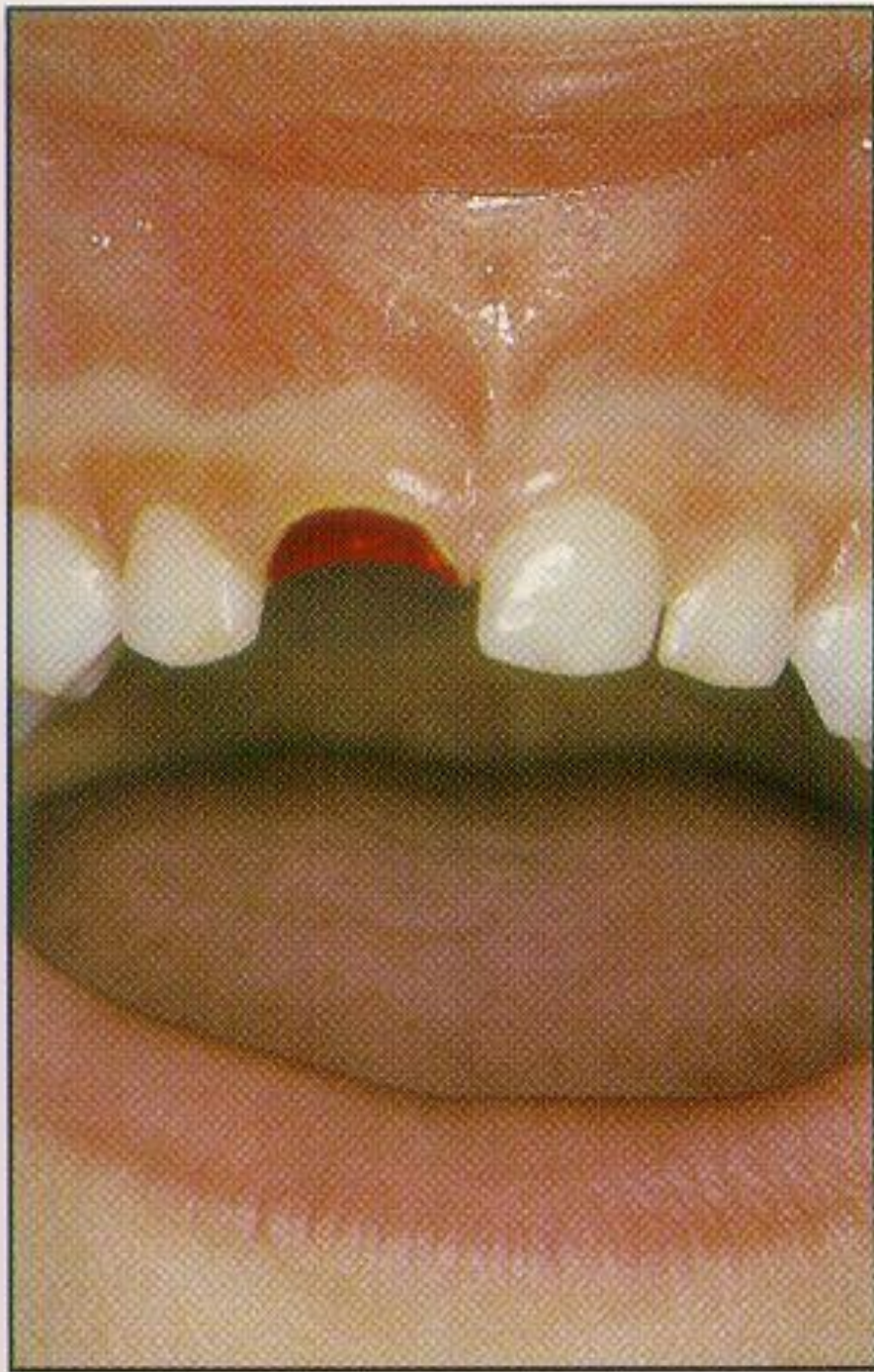


Rekonstrukce chrupu u ektodermální dysplasie



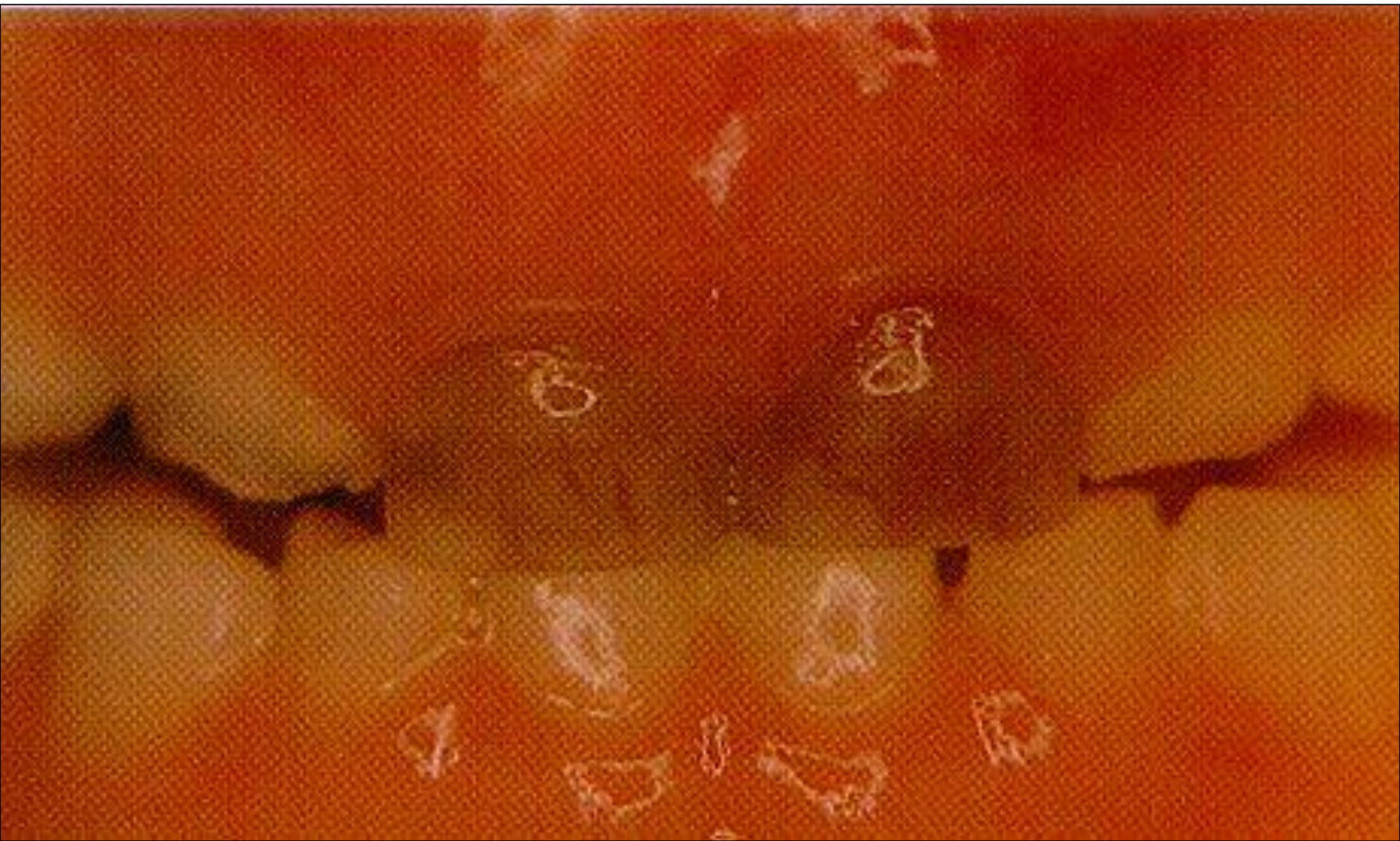




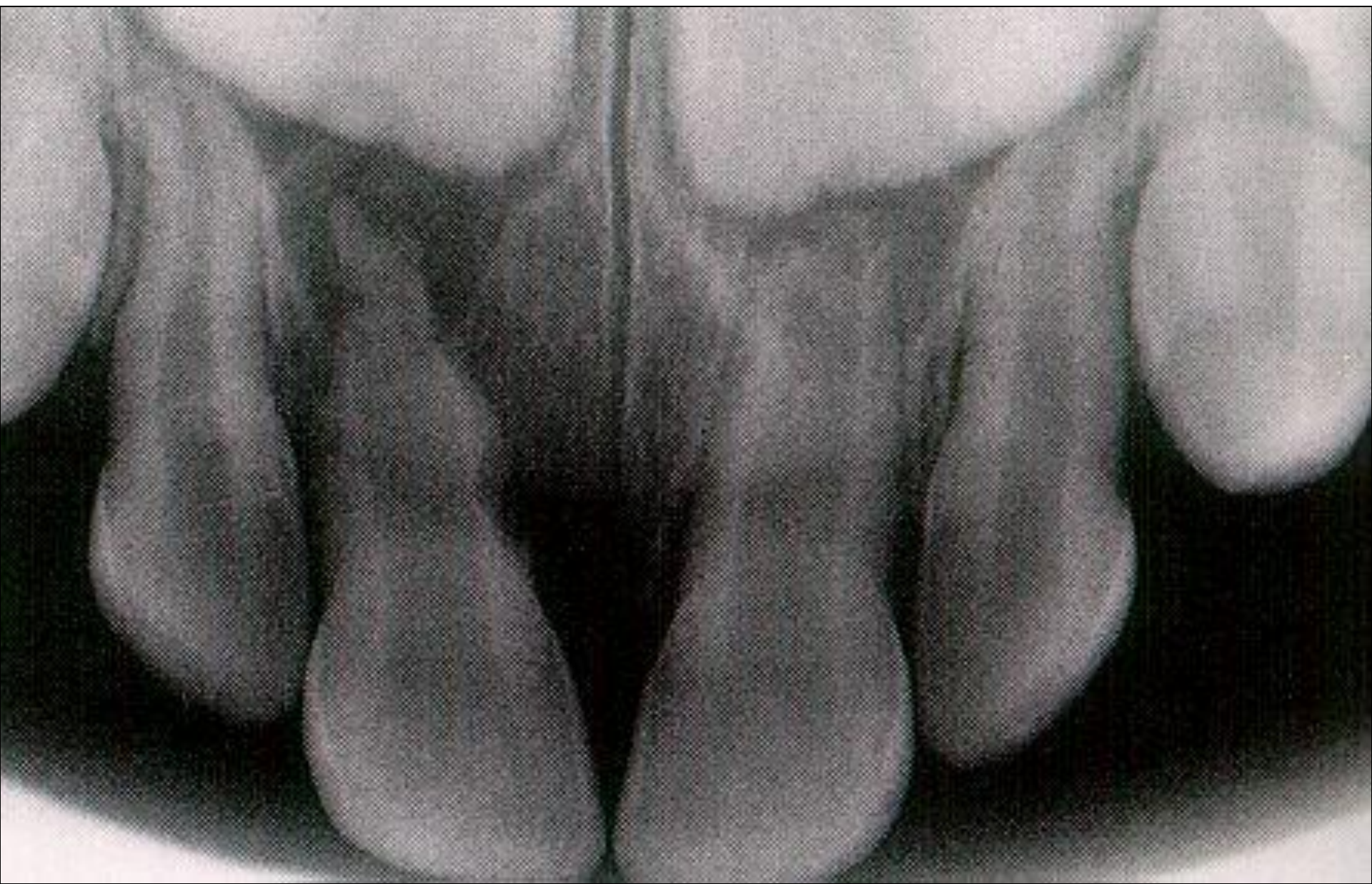












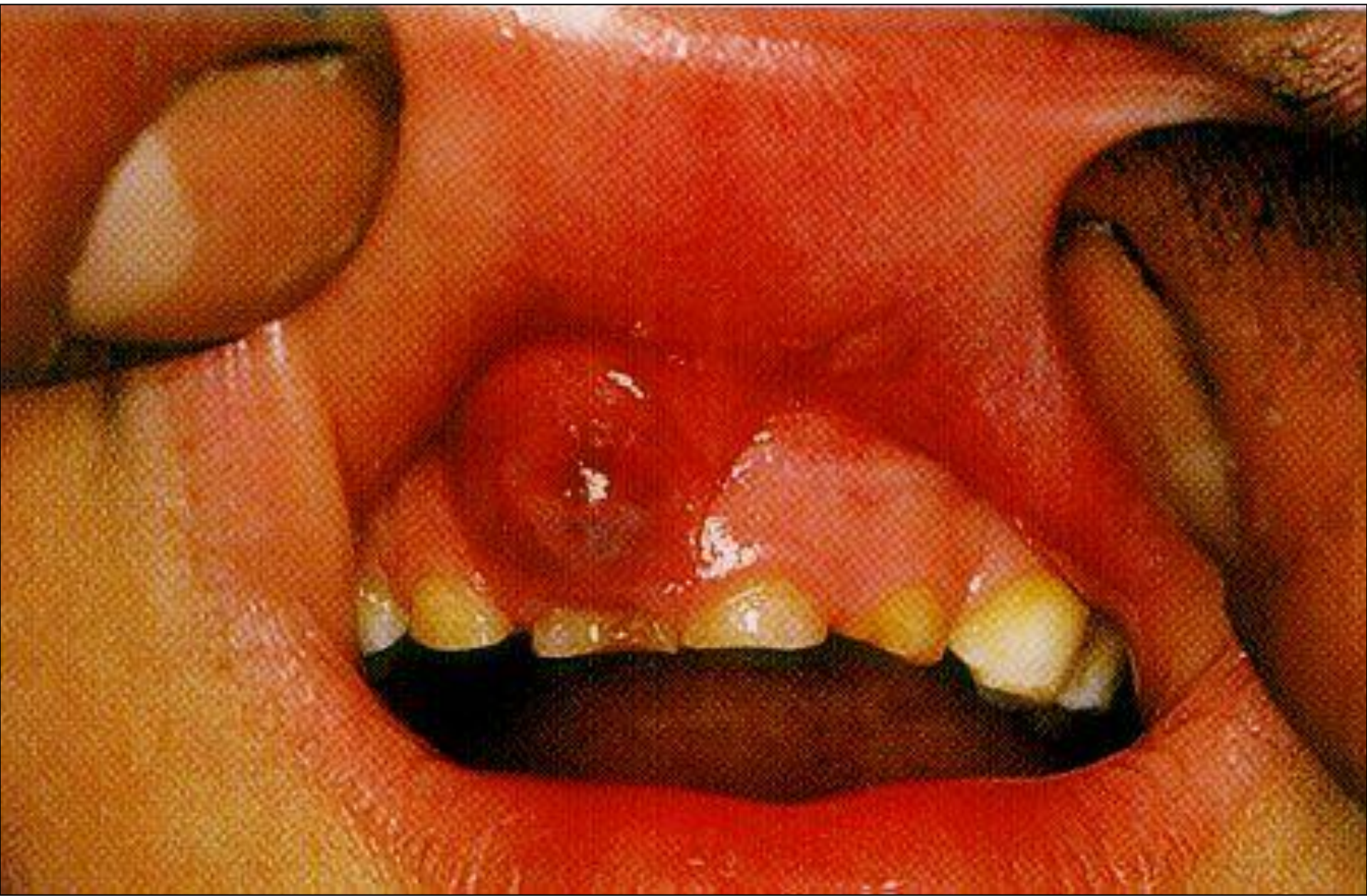


Fig. 10.5. Radiographic demonstration of displacement of the developing permanent tooth germ following intrusion of the primary incisor

The distance between the incisal edge and mineralization front of the involved developing tooth

germ is shorter than the same distance in the non-involved tooth germ, implying luxation of the involved tooth germ. Although the displaced primary tooth was removed, a slight dilaceration of the permanent crown developed.



Fig. 10.7. Lateral luxation, repositioning indicated

This 2-year-old boy suffered a lateral luxation. Due to occlusal interference, the tooth had to be repositioned. At a subsequent control, there is evidence of pulpal revascularization, as the root canal has become obliterated.

After a period of 2-4 months, tongue pressure will reposition the tooth (Fig. 10.7).

In rare instances (e.g. after a fall with an object in the mouth), the laterally luxated tooth will be displaced in the opposite direction, i.e. with the apex forced into the follicle. In this case, extraction is the treatment of choice in order to prevent further damage to the permanent tooth germ.



Fig. 10.8. Intrusion, the follicle not invaded

This 4-year-old boy suffered intrusion of a central incisor. A lateral radiograph demonstrated no interference with the follicle. At later examination, reeruption of the intruded incisor is seen. There is no sign of pulp necrosis.

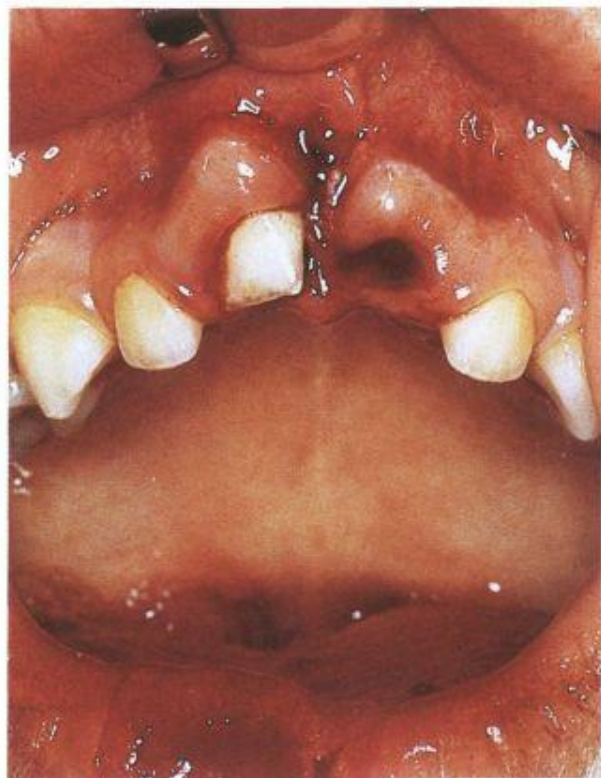
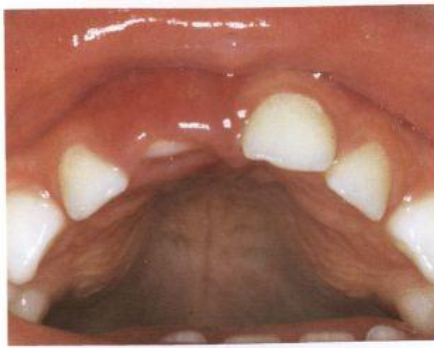


Fig. 10.9. Spontaneous re-eruption of an intruded primary incisor

This 2-year old boy suffered an intrusion of the right central incisor. The foreshortened radiographic appearance of the intruded tooth implies labial displacement. Spontaneous re-eruption is therefore anticipated.



Follow-up, 2 months after injury

The tooth has erupted approximately 2 mm coronally.



Follow-up, 3 months after injury

The tooth lacks 1 mm for complete eruption.



Follow-up, 1 year after injury

The tooth is in normal position. Crown color is normal and radiographs show no sign of pathology.



Fig. 10.10. Intrusion with severe follicle invasion

This 1-year-old boy received an axial impact, resulting in complete intrusion of the central incisor. Note the displacement of the permanent tooth germ in the follicle. Removal of the primary incisor is mandatory.



Removing the displaced tooth

Using sedation and topical anesthesia, the tooth is grasped proximally with forceps and removed in a labial direction. The fractured and displaced palatal bone is repositioned with digital pressure and a suture placed to close the entrance to the socket.



Follow-up

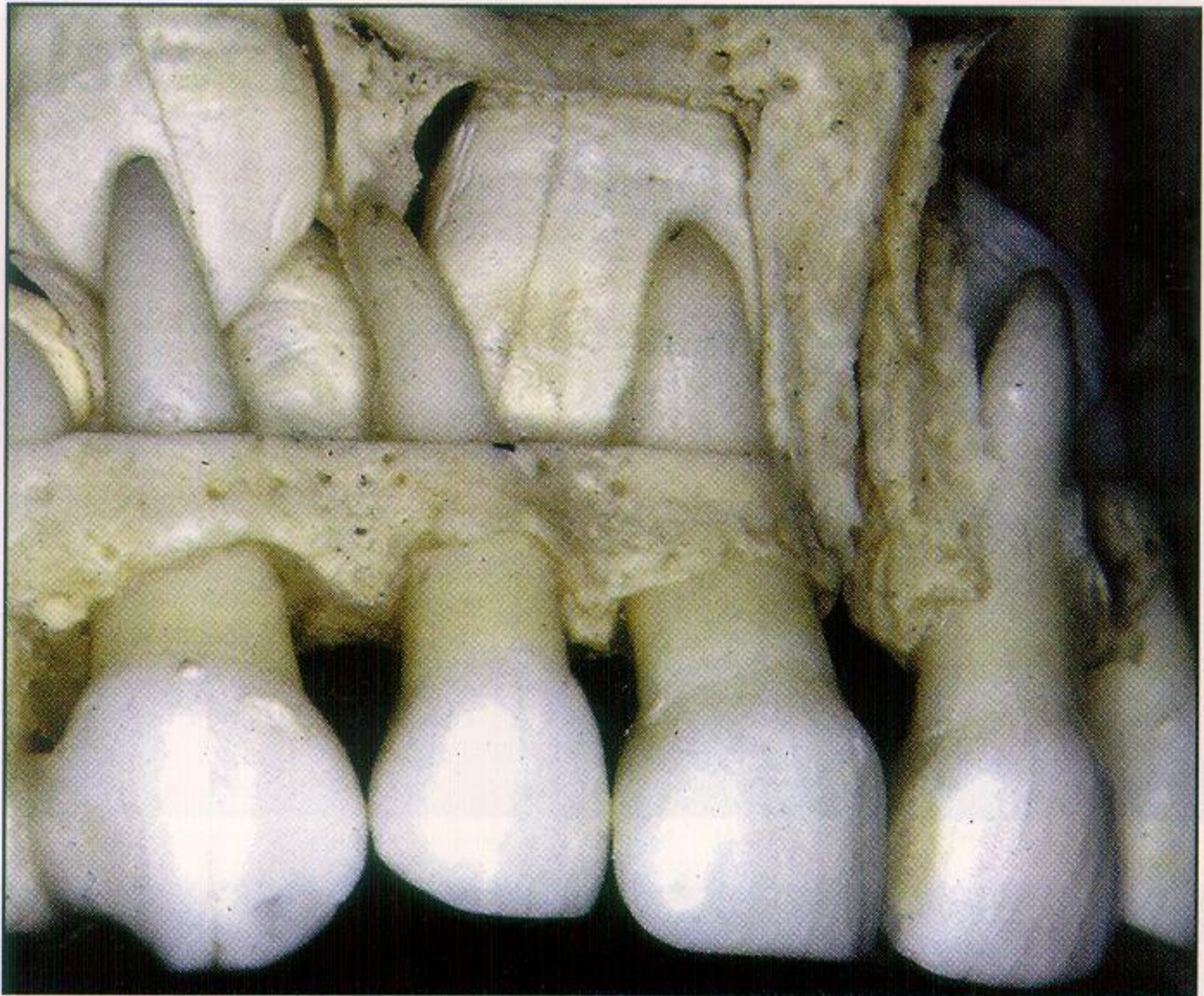
At examination 1 week later, a slight change in the position of the tooth germ is seen.

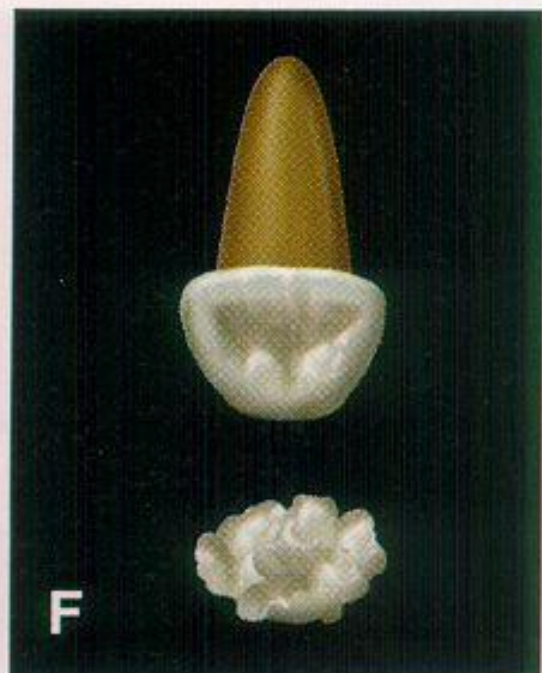
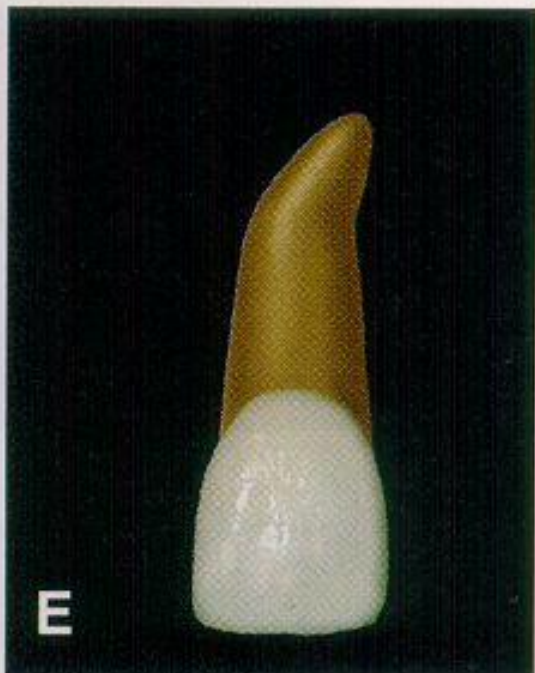
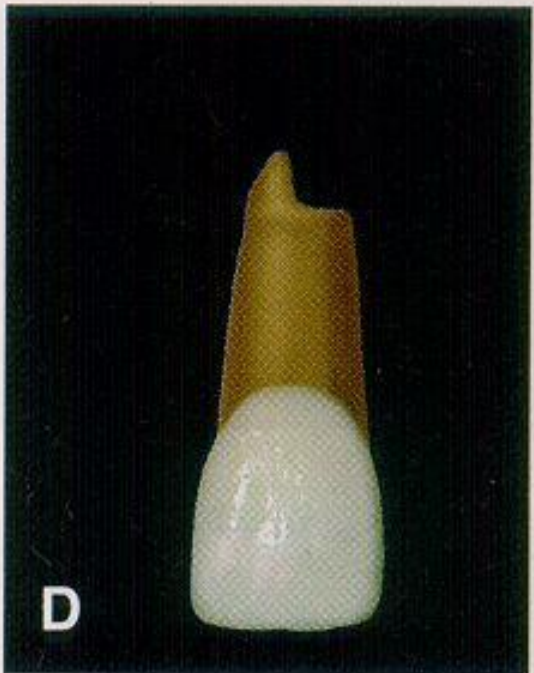
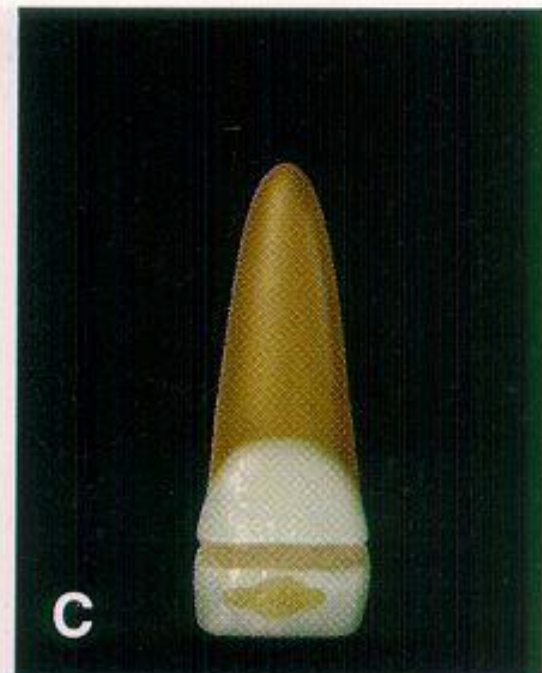
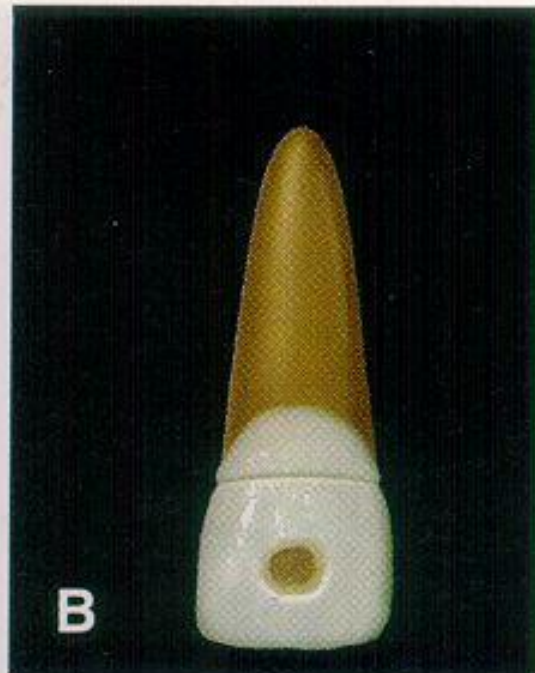


Disturbance in eruption

At the age of 6 years, it is evident that a crown dilaceration has developed.









A



B



C



