Caries risk assessment

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ZDRAVÝ ÚSMĚV



Caries risk assessment factors

Clinical	Social and behavioural	<u>Developmental</u>
■decalcification	■Multiple sugar intakes	■Appropriate for age??
■considerable plaque	■Irregular attendance	Symmetrical lesions
■Irregular attendance	■Mother has high caries rate	■Teeth recently erupted. Teeth are at increased caries risk in the first year post eruption
■hypomineralized or hypoplastic teeth	No fluoride/irregular brushingprolonged breast feeding after tooth eruption	
■primary dentition crowding		
■salivary factors	■ bottle-feeding during the night	









ECC

- Frequent appearance
- Very small children
- Reason of visit: dental caries complications



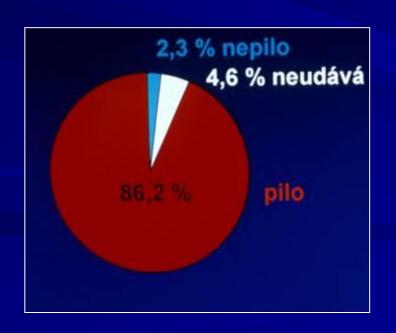


Examination

- Dental plaque
- Destruction of teeth by the dental caries
- More in the upper jaws, less in the lower jaws

Medical History

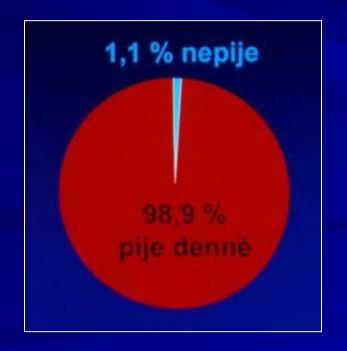
- Prolonged brest-feeding
- Sweet drink during the day and nights in suckling age
- Baby bottle in hand of the child



Sweet drinks on nights in the suckling age.

Medical History

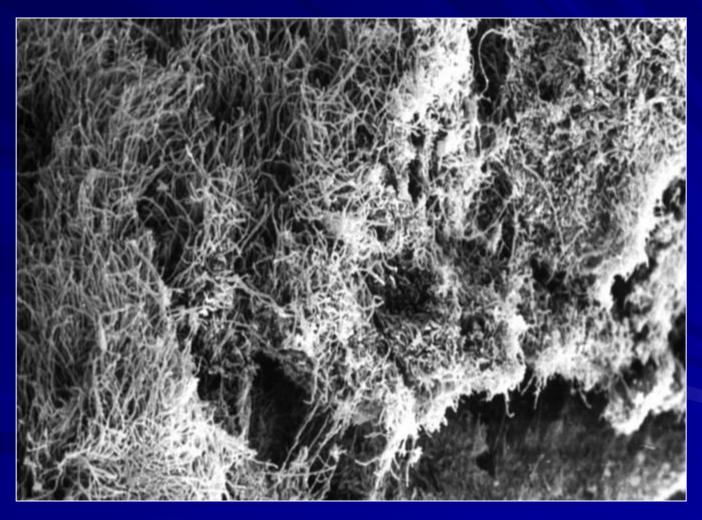
- Baby bottle after one year or drinking with a straw from cartoons
- Information of mothers 80% is informed about relation between sugar and dental caries





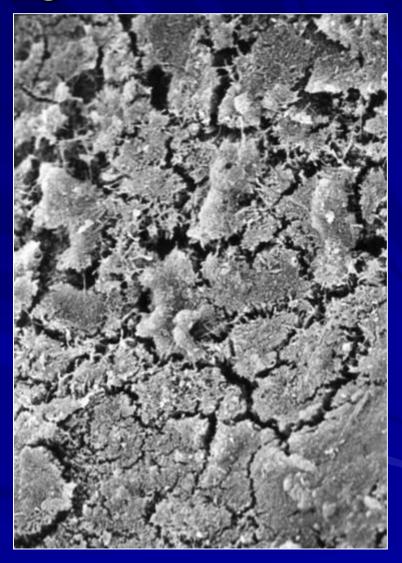




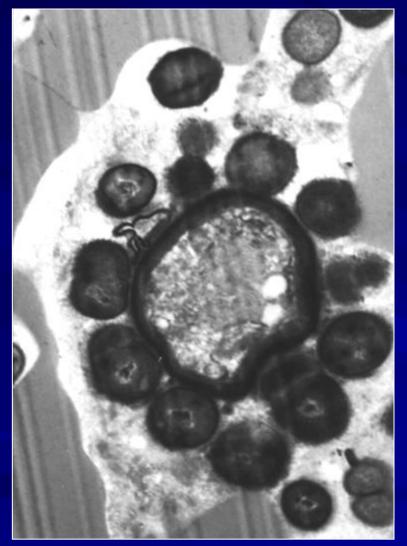


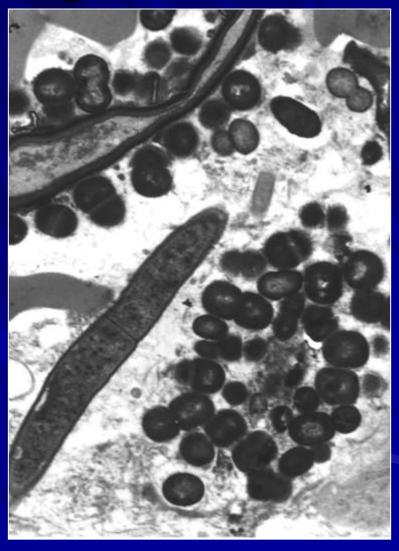
Microbial dental plaque of affected teeth





After plaque removal –large erosions ,penetration into the enamel

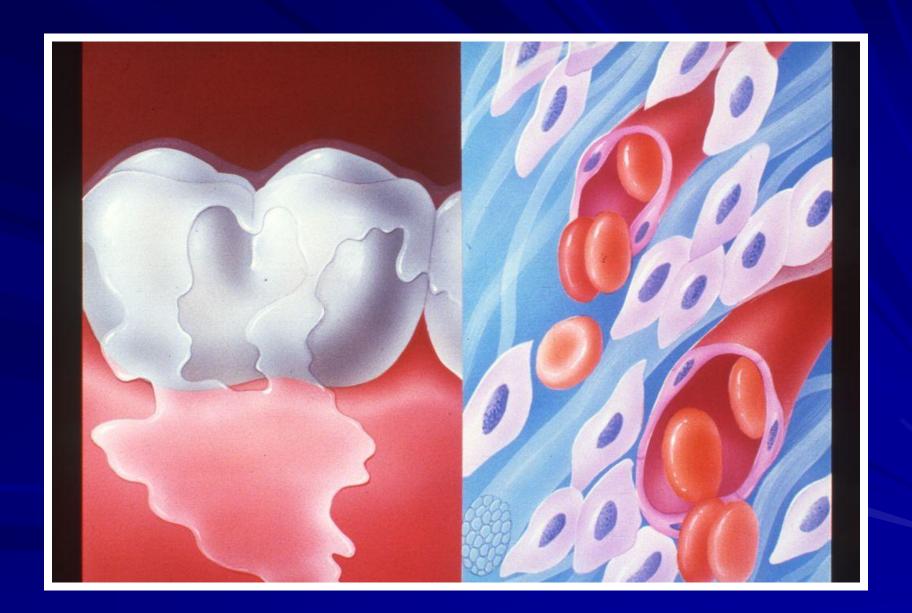


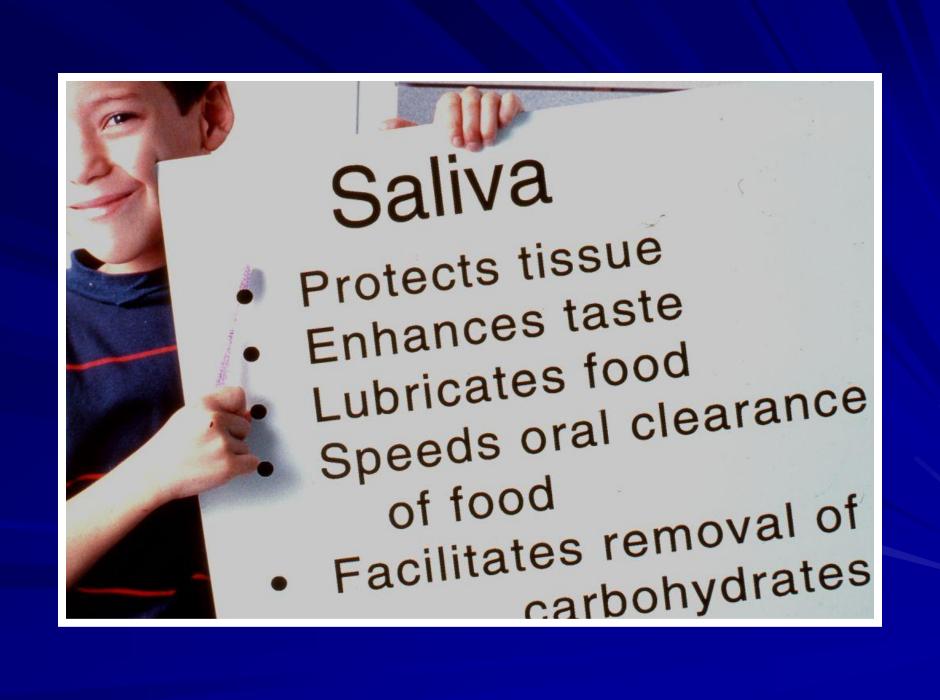


Dental plaque in transsmission E.M



Transfer of infection to the permanent dentition







Conclusion

- Early childhood caries (ECC), is a serious situation
- Course is different
- Fast and large affection of tooth
- Consequence of poor oral hygiene, and

inproper diet

Function of saliva

ECC(threatens child

- pain
- Problem with food intake
- Heathy development
- Inflammatory complications
- Perimandibular-permaxillary inflammation
- Treatment under general anaesthesia –health risks
- Focal infection
- Permenant tooth buds
- Premature loss of primary tooth
- Loss of space for permenant teeth
- Loss selfconfidence (esthetics)
- Negative attitude to dental treatment
- Transfer of cariogenic microflora to the permenant teeth

Caries risk assessment for 0 - 5 year olds

Factors	High risk	Moderate risk	Low risk
Biological			
Mother has active caries	Yes		
Parents/low socioec. status	Yes		
Child has more than 3 inbetween sugar containing snack/beverages	Yes		
In bed in a bottle/sugar	Yes		
	100	Yes	
child has special health		yes	
care needs			
Child is recent imigrant			
Protecting			
Optimally fluoridated water or F supplement			Yes
Brushing daily with fluoride			Voc
cont. tooth paste			Yes
topical fluoride from health professional			Yes
home/regular dental care			Yes

Caries risk assessment for 0 – 5 year olds

Factors	High risk	Moderate risk	Low risk
Clinical findings child has more then1dmft surfaces with active white spot lesions elevated mutans streptococci levels plaque on teeth	Yes	Yes	

Caries risk assessment for 6 and more years olds

Factors	High risk	Moderate risk	Low risk
Biological Patients/low socioec. status Patient has more than 3 inbetween sugar containing snack/beverages Patient has special health care needs Patient is recent imigrant	Yes Yes	Yes yes	
Protecting Optimally fluoridated water or F supplement Brushing daily with fluoride cont. tooth paste topical fluoride from health professional Additional home measures (Xylitol)			Yes Yes Yes Yes

Caries risk assessment for 6 and more years olds

Factors	High risk	Moderate risk	Low risk
Clinical findings Patient has more than 1 interproximal lesions active white spot lesions Low salivary flow	Yes Yes Yes		
Defective restorations Intraoral appliance		Yes Yes	