

Early Childhood Caries-Pediatrician's Dilemma

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Received: November 28, 2017; **Published:** December 28, 2017

Oral health is a vital element of health in the normal growth and development of a child and is a prime factor to contribute to the well-being of both the child and the family. Pediatricians have a role to in providing holistic general and oral health services for children. A basic level of knowledge is required to facilitate communication, referral, collaboration and ongoing follow up and care. Oral health issues are faced by a majority of children; therefore, pediatricians must be aware of these issues and be competent in addressing them. Dental Caries is one of the most prevalent and common disease affecting humans. Almost every individual is susceptible to dental caries. However, caries is more prevalent in the younger population and considered as a disease of childhood. Many dental problems, especially early childhood caries (ECC), are either preventable or can be intercepted effectively by early recognition and management. Primary prevention can and should begin in the pediatrician's clinic, with subsequent coordination and collaboration with pediatric dentist.

Dental caries has become a foremost public health issue for children globally and it creates a huge financial and psychological burden on families. The disease burden of ECC varies significantly globally. In some European countries, ECC is not common, with prevalence ranging from 11.4% among 3 - 6 year olds in Sweden to 19.0% among 3 - 5 year olds in Italy. A high prevalence of ECC has been reported in some Middle Eastern countries, such as Palestinian (76%) and the United Arab Emirates (83%). According to the national surveys from several countries, such as Greece (36%), Brazil (45.8%), India (51.9%), and Israel (64.7%), the prevalence at age 5 years appears to be inconsistent. The global disability-adjusted life-years (DALYs) due to untreated deciduous caries increased from 405,000 in 1990 to 426,000 in 2010.

Definition- American Academy of Pediatric Dentistry (AAPD)

"Caries is a biofilm (plaque)-induced acid demineralization of enamel or dentin, mediated by saliva. The disease of early childhood caries (ECC) is the presence of 1 or more decayed (non-cavitated lesion), missing (due to caries), or filled tooth surfaces in any primary tooth surfaces in any primary tooth in a child 71 months of age or younger. In children younger than 3 years of age, any sign of smooth surface caries is indicative of severe early childhood caries (S-ECC). From ages 3 through 5, 1 or more cavitated, missing (due to caries), or filled smooth surfaces in primary maxillary anterior teeth or a decayed, missing or filled score of ≥ 4 (age 3), ≥ 5 (age 4), or ≥ 6 (age 5) surfaces constitutes S-ECC".

Pediatricians are in a perfect position to start the process of risk assessment and prevention of ECC as kids visit them frequently, nearly 8 times in first year and 13 times in 2 - 3 years of age. Recently published policy statement of American Academy of pediatrics stated that pediatricians can play a pivotal role in oral health risk assessment of children. According to policy statement it can be concluded that pediatricians and pediatric health care professionals should develop basic knowledge base to perform and identify oral health risk assessments on patients beginning at 6 months of age.

Early Childhood Caries (ECC) is a chronic, transmissible infectious disease affecting the teeth. It is the most common chronic disease amongst children and is still considered a continuing oral health problem globally. It can result in considerable distress, pain, deformity, significant drop in quality of life of children and often compromise their permanent dentitions. The treatment of ECC is time consuming, very expensive and it may require full mouth rehabilitation under general anesthesia by a pediatric dentist. However, ECC is a preventable disease with proper perinatal, prenatal counseling and establishing dental home in proper coordination with all health care professionals [1-8].

Bibliography

1. The American Academy of Pediatric Dentistry. "Guideline on Infant Oral Health Care". *Reference Manual* 35.6 (2012): 13-14.
2. Krol DM. "Educating Pediatricians on Children's Oral Health: Past, Present, and Future". *Pediatrics* 113.5 (2004): 487-493.
3. Azizi Z. "The prevalence of dental caries in primary dentition in 4- to 5-year-old preschool children in northern palestine". *International Journal of Dentistry* (2014).
4. El-Nadeef MA, et al. "National survey of the oral health of 5-year-old children in the United Arab Emirates". *Eastern Mediterranean Health Journal* 16.1 (2010): 51-55.
5. Oulis CJ, et al. "Caries prevalence of 5, 12 and 15-year-old Greek children: a national pathfinder survey". *Community Dental Health Journal* 29.1 (2012): 29-32.
6. Gomes PR, et al. "Dental caries in Paulinia, Sao Paulo State, Brazil, and WHO goals for 2000 and 2010". *Cadernos de Saúde Pública* 20.3 (2004): 866-870.
7. American Academy on Pediatric, Dentistry and American Academy of Pediatrics. "Policy on early childhood caries (ECC): classifications, consequences, and preventive strategies". *Pediatric Dentistry* 30.7 (2008): 40-43.
8. American Academy of Pediatrics. "Oral health risk assessment timing and establishment of the dental home". *Pediatrics* 111.5 (2003): 1113-1116.

Volume 6 Issue 5 December 2017

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