

CHILDREN'S ORAL HEALTH

IMPACT OF ORAL DISEASE ON SCHOOL-AGE CHILDREN

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 Sedgwick County...
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PREVALENCE* OF UNTREATED DENTAL CARIES† IN PRIMARY TEETH§ AMONG CHILDREN AGED 2-8 YEARS, BY AGE GROUP AND RACE/HISPANIC ORIGIN —

During 2011-2014, National Health and Nutrition Examination Survey, 2011-2014
 13.7% of children aged 2-8 years had untreated dental caries in their primary teeth (baby teeth).

The proportion of children with untreated dental caries in their primary teeth increased with age:

- 10.9% among children aged 2-5 years and
- 17.4% among children aged 6-8 years.

A larger proportion of Hispanic (19.4%) and non-Hispanic black children (19.3%) had untreated dental caries in primary teeth compared with non-Hispanic white (9.5%) children.

IMPACT OF ORAL DISEASE ON SCHOOL-AGED CHILDREN AND THEIR SCHOOL PERFORMANCE

- Early tooth loss
- Failure to thrive
- Impaired speech
- Low self-esteem
- Poor school performance
- Absences from school
- Inability to concentrate
- Systemic consequences

DYNAMICS

CARIES DISEASE PROCESS

Pathological factors

- Frequent consumption of dietary sugars
- Inadequate fluoride
- Poor oral hygiene
- Salivary dysfunction

Protective factors


- Healthy diet
- Brushing with fluoride toothpaste twice daily
- Professional topical fluoride
- Preventive and therapeutic sealants
- Normal salivary function

Deminerzalization

↓

Disease
Lesion progression

High caries risk



Remineralization

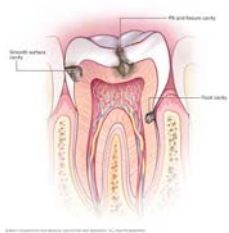
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Health
Lesion arrest or regression

Low caries risk

Nature Reviews | Disease Primers

TYPES OF CARIES



ANTERIOR BABY TEETH CARIES



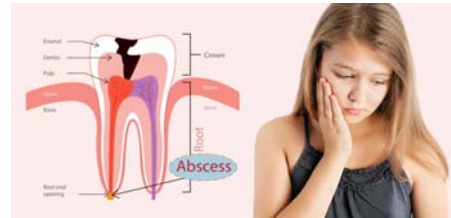
POSTERIOR BABY TEETH CARIES



DENTAL CARIES & DEVELOPMENT OF AN ABSCESS



ABSCESS

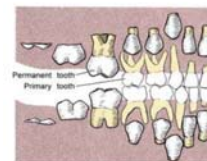


CHRONIC DENTOALVEOLAR ABSCESS (FISTULA, PARULIS)



UNDERSTANDING THE IMPORTANCE OF BABY TOOTH RETENTION

HUMAN JAWS AT 8 TO 9 YEARS OF AGE, DURING THE MIXED DENTITION PERIOD

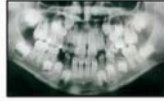


The relationship between primary and permanent teeth during the mixed dentition period.

PANORAMIC RADIOGRAPH VIEW

MIXED DENTITION PERIOD

- Mixed dentition period begins at approximately 6 years of age with eruption of 1st permanent molars
- During mixed dentition period, deciduous teeth along with some permanent teeth are present in oral cavity



RISK ASSESSMENT

Mom/sibling dental history (biggest influence on risk), active decay in parent/caregiver automatically places as high risk

Low health literacy of primary caregiver

Low socio-economic levels of parents

Clinically observe OH compliance issues

Poor plaque control, biological presence of S. Mutans, gingival bleeding

Frequent exposure to cariogenic agents



PREVENTIVE MEASURES DENTAL SEALANTS



FLUORIDE

5,000 ppm products are CONTRAINDICATED

Fluoride supplements are required, only when NO other fluoride exposure

Fluoride varnish applied every 6 months is effective in preventing caries in primary and permanent dentition

Two or more annual applications of fluoride varnish effective on high-risk populations

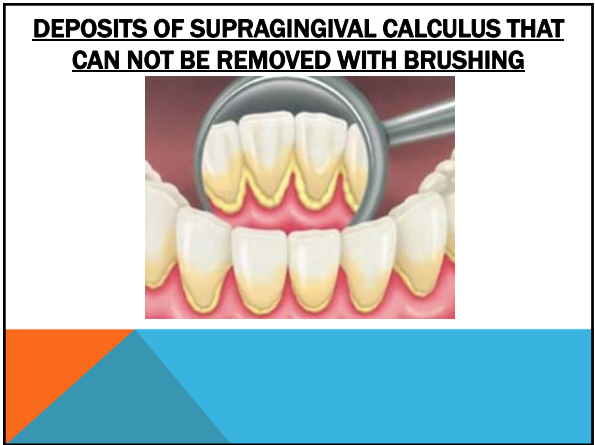
NEW PARADIGM TREATING CHILDHOOD CARIES

Silver Diamide Fluoride (38%)

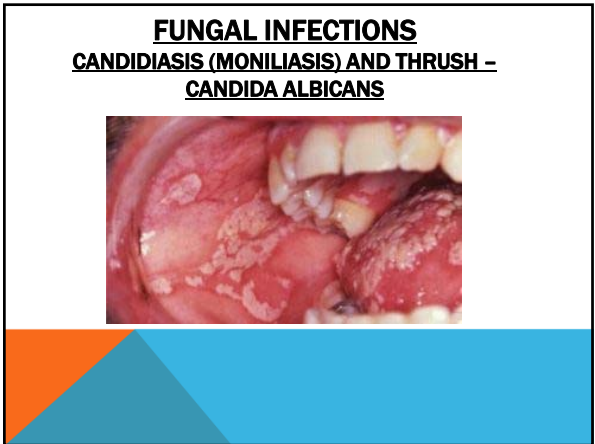
Caries arrest and prevention, low cost and no drill

Cons: Bad taste, black stains, mouth sore

GINGIVA (GUMS)
EFFECTS ON OVERALL HEALTH



PEDIATRIC COMMON SOFT TISSUE LESIONS
TOTS AND TEENS



ANGULAR CHEILITIS IN CHILDREN



**ERUPTING PERMANENT TEETH
ERUPTING HEMATOMA**



Figure 2. Eruption hematoma (cyst)

LINEA ALBA IN ADOLESCENT BOY



**IRRITATION FIBROMA
ON UPPER LIP OF 6-YEAR-OLD BOY**



**ACUTE HERPETIC INGIVOSTOMATITIS
(PRIMARY HERPES SIMPLEX 1)**



Figure 4. Gingivostomatitis (primary herpes simplex 1)

**CHEEK BITE
(SELF-INFLICTED)**



Figure 6. Cheekbite (self-inflicted)

MUCOCELE / RANULA



**MIGRATORY GLOSSITIS
(GEOGRAPHIC TONGUE)**



TONSIL STONES



LINGUAL THYROID NODULE



AMALGAM TATTOO



MELANIN



COSMETIC ALLERGIC REACTION



APHTHOUS ULCER



**RECURRENT HERPES SIMPLEX I
LABIALIS**



TONGUE BAR



EATING DISORDERS

BULIMIA NERVOSA, ANOREXIA NERVOSA, BINGE EATING

**ENLARGED PAROTID GLAND
DUE TO VOMITING**



RUSSELL'S SIGN



CLASSIC MAXILLARY EROSION IN PATIENT WITH BULIMIA NERVOSA



CHIPPED ANTERIOR TEETH IN PATIENT WITH BULIMIA NERVOSA



CHILD ABUSE
ORAL LESIONS

SQUAMOUS PAPILLOMA

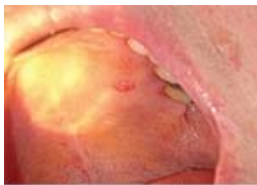


Figure 1: Squamous papilloma
Photo: Mayra Barrueta Meneses, DDS

CONDYLOMA ACUMINATA IN THE TONGUE AND PALATE OF A SEXUALLY ABUSED CHILD



ORAL LESION CAUSED BY HUMAN PAPILOMA VIRUS



HUMAN PAPILOMA VIRUS



Rose Yin Geist DDS

ASSESSING FOR ABUSE

Dental Professionals – Mandated reporters

Head and Neck injuries occur in more than 50% of child abuse

34% of abuse victims under age 4, highest under age 1

MEDICAL NEGLECT

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts of omissions are not due solely to the lack of financial means of the child's parents or other custodian.

MEDICAL NEGLECT

This term may include the following, but shall not be limited to:

- Failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening.
- A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. (KSA 38-2202)

INDICATORS OF NEGLECT

While physical abuse is usually episodic, physical neglect tends to be chronic.

COMMON PHYSICAL INDICATORS

Constant hunger
 Lack of proper supervision, abandonment or desertion
Lack of adequate clothing and good hygiene
 Clothing consistently not appropriate for weather conditions
Lack of medical or dental care
 Lack of adequate nutrition and shelter
 Failure to achieve expected growth patterns
Physical and speech delays
Failure to thrive physically or emotionally
Child states feeling pain in the mouth, jaw or ear
Diagnosed signs of dental decay and the child states feeling pain and difficulty eating

REPORTING CHILD ABUSE AND NEGLECT

As mandated reporters with reason to suspect a child may be in need of care may report the matter:

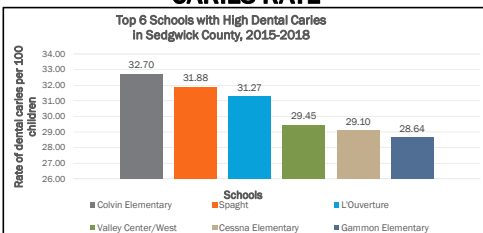
- Form of report - may be made orally and shall be followed by a written report if requested. Provide child's name and address and child's parents, location of the child, child's gender, race and age. The reasons of suspect the child may be in need of care.
- When reporting a suspicion that a child may be in need of care, the reporter shall disclose protected health information freely and cooperate fully with the secretary and law enforcement throughout the investigation and any subsequent legal process.
- To whom made: The Kansas Protection Report Center (24/7)

TO REPORT SUSPECTED CHILD ABUSE OR NEGLECT

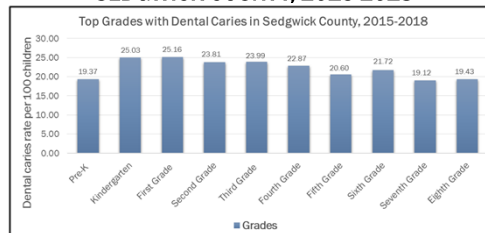
Telephone: 1-800-922-5330
 Fax: Sent to KSPRC (Kansas Protection Report Center) 1-866-317-4279
 E-mail: KSPRC@dcf.ks.gov
 Mail: Kansas Protection Report Center
 Docking State Office Building
 915 SW Harrison, 5th floor
 Topeka, KS 66612
 Access mandated report at: <http://www.dcf.ks.gov/Pages/HotlineNumbers.aspx>

SEDGWICK COUNTY
 SCHOOL DENTAL SCREENINGS STATISTICS

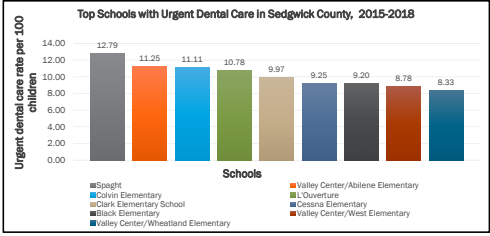
SEDGWICK COUNTY SCHOOLS WITH HIGH CARIES RATE



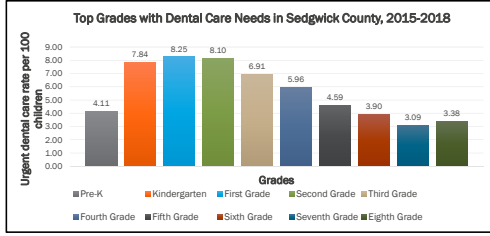
TOP GRADES WITH DENTAL CARIES IN SEDGWICK COUNTY, 2015-2018



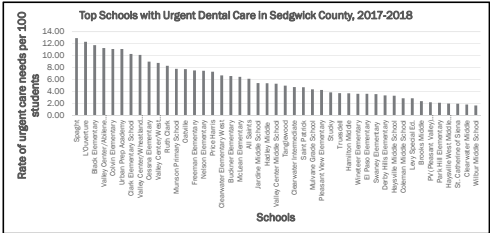
TOP SCHOOLS WITH URGENT DENTAL CARE IN SEDGWICK COUNTY 2015-2018



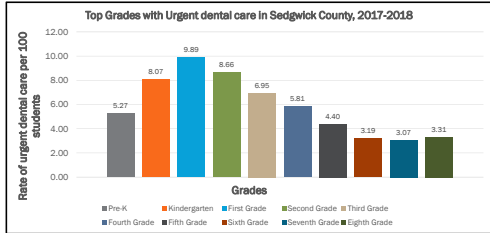
TOP GRADES WITH DENTAL CARE NEEDS IN SEDGWICK COUNTY, 2015-2018



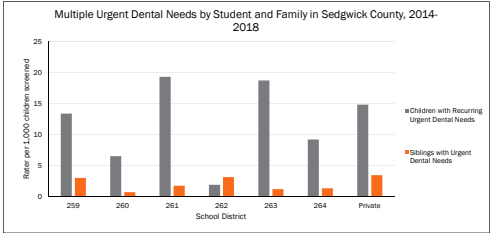
TOP SCHOOLS WITH URGENT DENTAL CARE IN SEDGWICK COUNTY, 2017-2018



TOP GRADES WITH URGENT DENTAL CARE IN SEDGWICK COUNTY, 2017-2018



MULTIPLE URGENT DENTAL NEEDS BY STUDENT AND FAMILY IN SEDGWICK COUNTY, 2014-2018



ESTABLISHING A DENTAL HOME

- Parent interview
- Examination of child
- Assign risk level
- Individualized treatment based on risk
- Individualized home care recommendations
- Anticipatory guidance
- Re-evaluation
- Collaborate/refer



Division of Health

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The footer consists of a blue and orange geometric design on the left. To the right is the Sedgwick County logo, which is a circular seal featuring a rooster and the text "SEDGWICK COUNTY KANSAS". Below the logo, the text "Division of Health" is written in a simple font. Underneath that, the slogan "Sedgwick County... working for you" is written in a blue, italicized serif font.