

Problem Solvers 14 A potpourri of child tooth problems and answers.

Headline: A Potpourri of child tooth problems and answers.

Synonyms: Baby teeth, infant teeth, mouth breathing, sealants

When people find out they are expecting, the myriad of issues facing them can be overwhelming. This article will help you understand your infant's teeth and problems surrounding them. As well you will be given some problems that young children face with their teeth.

Baby teeth or primary teeth usually start erupting at age 6 or 7 months of age. There are a total of 20 baby teeth that will come in and these are called the primary teeth. When your child is age 3 they should have their first full set of baby teeth. When your child becomes 5-6 years of age they will begin losing this primary set of teeth and will do so until they are 12 or 13 by which time their secondary teeth will have all come in. The last teeth or wisdom teeth may come in by the time a child is 18-20 years of age or they may be impacted or stuck in the jaw and may never fully come in.

How do I know if my child is teething?

When children have teeth erupting they may have pain and become irritable. This may occur from 4-5 months and 3 years of age. They may drool, exhibit a lack of appetite, become restless or stick their fingers in their mouths excessively. They may also cough a lot have red cheeks and their gums may become red and sore looking.

My infant is teething and in pain, what should I do?

A washcloth that is wet and frozen may give your child relief as they can suck on it for a different sensation. They make teething rings that can be frozen as well and will offer relief for sore gums. While some children will suck their thumbs, this should be discouraged after teeth have erupted because it may interfere with future skeletal growth and development and cause an anterior open bite. This is a condition where the front teeth don't touch when a child bites and it may require orthodontics to correct at an early age.

My child has a loose tooth, should I pull it?

Since teeth are attached with gum tissue and bone, when a tooth gets loose, the skin

can adhere to the tooth. If you feel the tooth can be safely removed and is only hanging by a string-then you may remove it and place gauze to stop any bleeding after it is removed. If you prefer to have a dentist place a topical anesthetic and remove the skin gently, it may provide a more painless experience for your child, which can help them become less fearful in the future.

My child's tooth has a cavity; can't we just pull it if he's getting a second tooth eventually anyway?

Primary teeth provide a pathway for the permanent teeth to erupt. The secondary or permanent teeth erupt and erode the root of the baby tooth. This is how they know where to go as they come into the mouth. Prematurely removing a baby tooth can lead to ectopic eruption (it comes in crooked) which means that orthodontic therapy may be needed.

What if my child's tooth is rotted and can't be saved, what do I do?

If a baby tooth cannot be saved, then an orthodontic appliance called a "space maintainer" can be placed to prevent drifting of the teeth. This is a device that will usually be a band on the tooth behind the space with a little metal fence that comes forward and touches the tooth in front of the space, allowing the space to be maintained for the next tooth that wants to erupt into this space. After the secondary tooth comes in the mouth, the space maintainer can be gently removed.

I heard that dental sealants could prevent decay, is this true?

Dental sealants have been placed for many years with great success. The idea of bonding a thin plastic coating over the grooves of teeth can prevent food and bacteria from lodging in the grooves and leading to enamel dissolving and decay. While sealants can stop decay, they are terribly under used, as patients often aren't educated about their benefits.

Dental sealants act as a shield to stop anaerobic bacteria from lodging deep in the crevices of the teeth. Once a cavity starts and hits the underlying dentine it expands seven times faster! So sealants can "seal" the surface and make it easier for a toothbrush to clean the top surface of a tooth.

What will help me make sure my child never gets a cavity?

- Good nutrition; avoid sugary foods, starches and soda, and select fruits and vegetables for snacks.
- Great oral hygiene: Brush and floss twice a day with regular checkups from the dentist (twice per year.)

- Fluoride: Using home fluoride, which is a prescription medicine together with professional fluoride treatments performed at the dentist office.
- Sealants: these plastic coatings will protect the top of teeth.

It is important that sealants be monitored to make sure they don't debond or become loose. If they do, they can be replaced easily. As sealants to stop dental decay, they do not prevent cavities from forming between the teeth! Only dental flossing and fluoride can help prevent cavities between the teeth. As well gum disease can still occur if patients don't properly brush and floss the sides of their teeth.

Sealants are a cost effective insurance policy against decay and are a wise investment. They are a lot less expensive than a filling in a tooth. Ask your dentist about placing sealants for your child and for yourself! Sealants are not just for kids as they can help prevent decay for adults as well.

My child is a mouth breather and seems to sleep poorly; what can I do?

Mouth breathing can cause increased decay from drying up saliva that can protect against cavity causing bacteria.

Since dentists see kids twice a year, they may be able to help a parent recognize when seasonal allergies can be contributing to this problem and an appropriate referral can be made to check and treat allergies.

If a child has snoring or sleep apnea issues, these can be dangerous and should be evaluated through referral to a sleep center if your child is listless, tired during the day, appears to stop breathing for periods of time at night or you are concerned for any other reason. Sleep apnea is a potentially dangerous problem and when recognized can be treated through proper channels.

A dentist can also recognize swollen tonsils, adenoids and when needed a referral to an ear nose and throat specialist can be sought.

When intervention occurs for mouth breathing from orthodontics, ENT referral, and appliance therapy or sleep study evaluation, many patients may show marked improvement. This may manifest itself in increased energy, improved academic performance, better energy and overall improvement in lifestyle.

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