

Tiny tots in the dentist's chair among changes in pediatric dentistry

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Options for kids now include sealants and early removal of wisdom teeth.

(HealthDay) -- If you've been to the dentist with your children recently, you may have noticed that things have changed since you were a kid.

Many dental offices are more kid-friendly these days, offering books and toys to pass the time in the waiting room and maybe even TV or videos to watch while they're getting dental work.

But, there have also been changes in the actual practice of children's dentistry. You probably never got [dental sealants](#) as a child, or had topical fluoride treatments. If you had your wisdom teeth removed, more than likely it was because they were causing a problem, but today those teeth may come out sooner to reduce the risk for complications.

Here's a sampling of what's new in [pediatric dentistry](#):

Dental Sealants

Many teeth have rough surfaces that are hard to clean. When applied to these surfaces, a dental sealant makes the pitted and grooved area of a tooth smooth and easy to clean.

"Back teeth have a biting surface and crevices that are hard to clean," said Dr. Larry Kronenberg, a [pediatric dentist](#) affiliated with Northern Westchester Hospital in Mount Kisco, N.Y.

"Depending on the depth of the crevice, bacteria and food can get lodged in the tooth and cause cavities."

"If your child has shallow crevices, sealants probably aren't indicated," he said. "But if you've ever given your child a pretzel and later saw that the food was still stuck on the teeth, your child could benefit from sealants."

Sealants are easy to apply. The dentist brushes them onto the teeth, and the sealant bonds with the tooth's enamel, according to the [American Dental Association](#) (ADA). Sometimes a curing light is used to help the sealants dry faster.

Fluoride Treatments

"Ingested fluoride works on teeth that haven't yet come into the mouth, those that haven't erupted yet, but it has no effect on the teeth already in the mouth," Kronenberg said. "A fluoride treatment using a gel or varnish incorporates the fluoride into the surface outer layer of the tooth. It has to be repeated because it gets worn off."

Fluoride is applied using a cotton swab or brush, or it's placed in a tray that the child bites down on and then holds in the mouth for several minutes. Once a fluoride treatment is done, there should be no eating or drinking for 30 minutes to allow the fluoride to soak into the teeth, according to the ADA.

Kronenberg explained that the difference between the fluoride contained in toothpaste and fluoride treatments is the concentration. The [fluoride](#) in toothpaste is much less concentrated, he noted.

Wisdom Teeth

Should they stay or should they go? That's the question kids and parents face.

Kronenberg said that most dentists start to look at a kid's wisdom teeth at about age 16 or 17 to see if there's room for the teeth to come in properly, without causing problems. If a tooth looks like it won't come in properly, some dentists now suggest removing these teeth sooner rather than later to make the removal easier. The less chance the tooth has to develop, the shallower the roots will be, explained Kronenberg.

But not everyone is practicing early removal.

"There's no cut-and-dried protocol saying that all wisdom teeth have to be extracted," said Dr. Joshua Verona from the division of dental medicine at Beth Israel Medical Center in New York City. "If they don't affect function or appearance, we just leave them in. We only extract wisdom teeth when they're symptomatic."

Parents should discuss with their family dentist the risks and benefits associated with leaving [wisdom teeth](#) in or taking them out.

Reducing Anxiety

Kronenberg said that pediatric dentists are seeing patients at a younger and younger age. Some recommend that well-dental visits, much like well-child visits at the pediatrician, start at age 1 so that dentists can discuss the importance of diet and oral hygiene with the parents. But more importantly, he said, early visits "help start a relationship between the child and the dentist at an early age, and generally if you've built a positive relationship, children are more willing to accept necessary treatments in the future."

More information: The Nemours Foundation KidsHealth website has more on [good oral hygiene](#).

A companion article recounts [changes in pediatric dentistry](#) from one generation to the next.

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