

Caries prevention and preventive extractions of molars

Clinical presentation of 3 cases



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INTRODUCTION

Good oral care for children and adults suffering from recessive dystrophic epidermolysis bullosa (RDEB) presents a big challenge to the patients, caretakers and dental professionals.

Persons with RDEB are predisposed to oral disease due to the consequences of bullae formation and

subsequent scarring in oral soft tissues. Oral hygiene is difficult to perform due to fusion of fingers. Prevention of oral disease is of utmost importance.

The presented patients have been followed regularly at the TAKO-centre through several years with focus on prevention of oral disease.

ORAL HEALTH PROBLEMS

- Bullous eruptions in oral tissues with scarring
- Obliteration of oral vestibulum
- Impaired movement of lips and tongue
- Restricted mouth-opening
- Dental treatment a challenge
- Dietary habits predisposing for dental disease



Obliteration of oral vestibulum



Reduced mouth-opening (interincisal space 23 mm)

CONSEQUENCES

- Choice of soft, cariogenic food
- Difficulties in performing oral hygiene



PREVENTIVE STRATEGIES

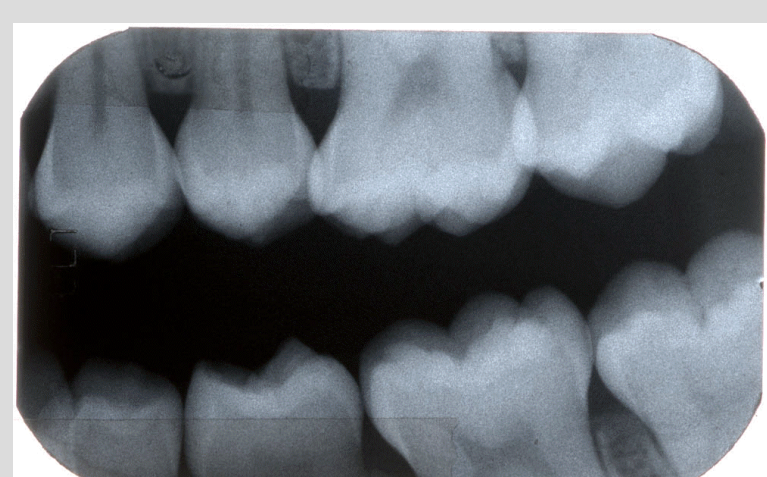
Early contact between patient / caregivers and dental professionals for counselling in:

- Diet
- Oral hygiene routines
- Fluorides
- Technical aids

Programs must be individually based and the intervals for professional assessment adapted to the patient's need at the time.

CASE PRESENTATIONS

1 REFERRED 7 YEARS OLD



Cariesfree approximal surfaces

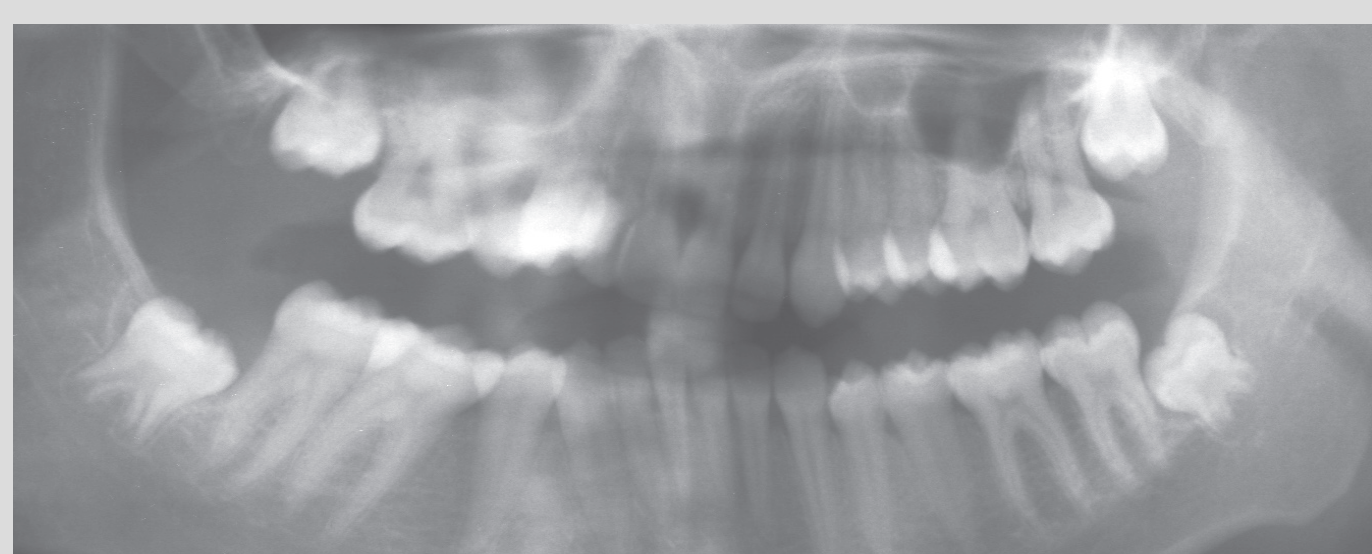
Girl, born 1991. Primary dentition with serious carious lesions treated in g.a. at age 5 years.

Plan for the future: Adequate oral care routines to prevent caries.

- Regime: Good dietary and oral hygiene habits at home
- Frequent professional cleaning and fluoride treatment (sometimes monthly)

Result 16 years old: Very satisfactory. Caries in two molars.

Below: Before extraction of 7 molars

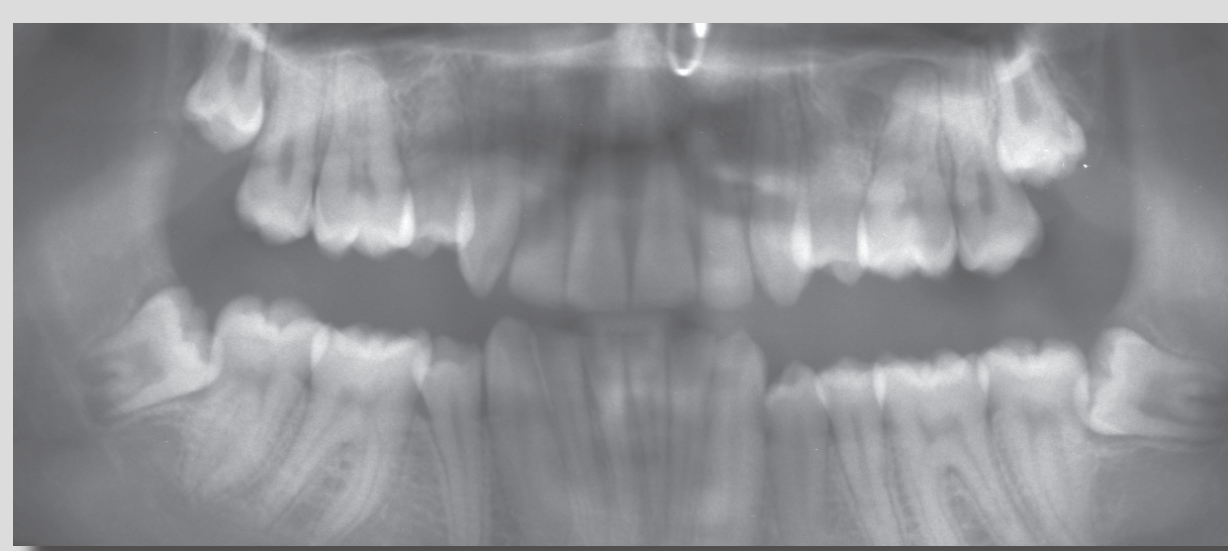


2 REFERRED 6 YEARS OLD

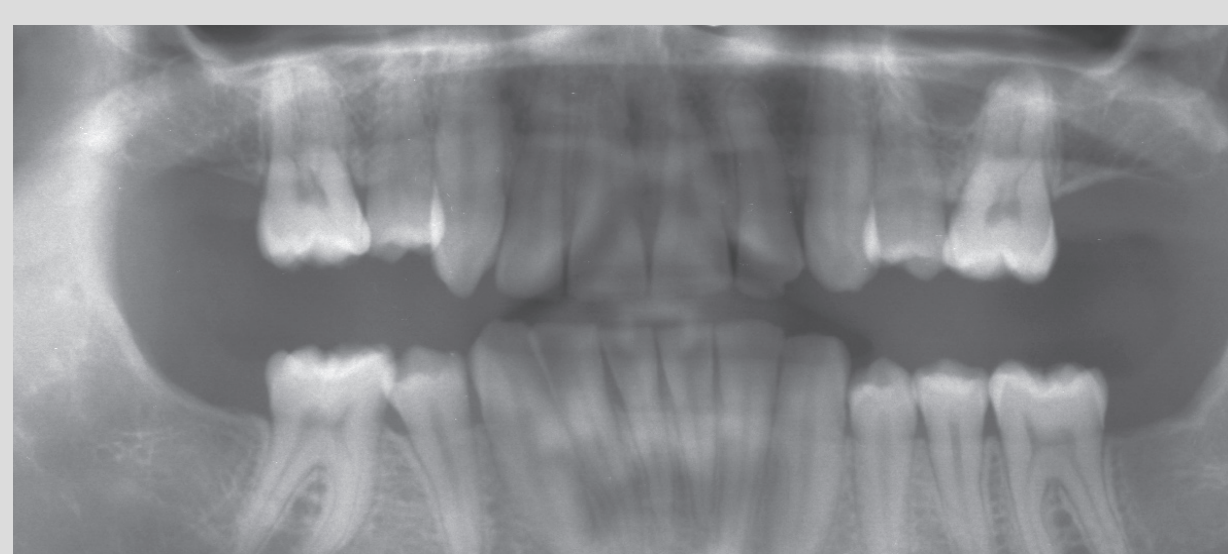


Girl, born 1987. Regularly followed in the local dental clinic and at the TAKO-centre. Caries free, three premolars extracted earlier for orthodontic reasons.

19 years old: Mouth-opening capacity 28 mm.



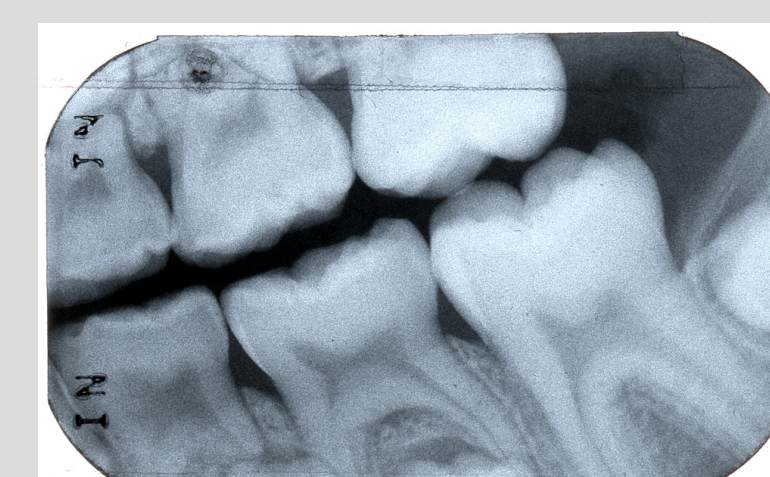
Above: Before extraction of 8 molars
Below: One year after treatment



Preventive surgical extraction in g. a. of 8 molars (18, 17, 27, 28, 38, 37, 47, 48).

Result: Very satisfactory. Much better access to perform oral hygiene.

3 TRIPLETS, REFERRED 8 MONTHS OLD



Bite-wings showing no caries

Girls, born 1998. Consultation with parents and caretakers at the TAKO-centre before first tooth eruption for advice on diet and later for instruction in oral hygiene routines.

Frequent individually based



visits to the dental hygienist and dentist for counselling on dietary habits, oral hygiene routines and professional cleaning with fluoride treatment.

Result at age 10 years: All three are caries free.

CONCLUSIONS

- Caries prevention for RDEB-patients is possible when oral care strategies are given high priority
- Preventive extractions of 2nd and 3rd molars ought to be considered in adolescence
- Counselling and close

- follow-up from first tooth-eruption is of utmost importance
- Compliance from the patient / caretakers is essential
- Individual factors and diversity in oral symptoms influence the outcome
- But prevention always gives results!