Interactive Case Presentations

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Case 1

A. Presenting Patient

- 2.7 yr. old male
- New patient presenting as an EMG.

B. CC & Hx of present injury

- Mom states “running and fell on playground”
- Child is in no distress; still wanting to play

C. Social Hx

- Pt. is the only child ; mother primary caregiver
- Low socio-economic status

Case 1: Trauma

D. Medical Hx

- NKDA or food, no current meds, vaccs. are current

E. Dental Hx

- No dental home !
- Fair home care; mom brushes 1-2X daily
- Age-appropriate diet; FI water; uses FI toothpaste
- No previous hx of trauma; clinging to mom

Case 1: Trauma

G. Extra-oral Exam

- Soft-tissue injuries: Bruising on lip
- No other significant findings

H. Intra-oral Exam – Lift the Lip!!

- Soft tissue injuries: no significant findings
- Hard tissues: significant finding- missing an upper right (UR) primary central incisor !

Case 1: Trauma

Case 1: Clinical Pictures

The mother shows you this picture on her cellphone of the tooth on her dashboard.

Case 1: Clinical Pictures

DX: Avulsed maxillary R primary central incisor

Case 1: TX

Primary Teeth - Avulsion

- Leave it out!
- An avulsed primary tooth should NOT be replanted

*If parent did not have the tooth and could not find it, the patient would need to see a dentist to secure an x-ray of the traumatized region to determine if the primary tooth had been intruded.

Case 2

A. Presenting Patient

- 20-month-old male
- New pt. presenting as an EMG.

B. CC & Hx of condition

- Sick for 2 days with a very high fever
- Child is unable to eat or drink due to inflammation

C. Social Hx

- Youngest of two children, oldest sister is 4 yrs.

Case 2: Extra-oral Soft Tissue

C. Social Hx

- Cared for by grandmother during the day
- Low socio-economic status

D. Medical Hx

- NKDA or food, no current meds, vaccs. are current

E. Dental Hx

- No dental home
- Poor OH; sporadic home care; cariogenic diet
- Lives in optimally FI area; no past hx of trauma

Case 2: Extra-oral Soft Tissue

F. Extra-oral Exam

- Difficult exam due to state of child's condition
- Child is unwell, lethargic, and irritable, with a temperature of 39° C (102.2 degrees F).
- No extra-oral swelling but marked inflammation and ulceration of the lips and the lateral commissures.

  Numerous ulcers and open lesions around the lips and face are present.

Case 2: Extra-oral Soft Tissue

G. Intra-oral Exam

- The gingival tissues inflammed, minor bleeding from crevicular margins, multiple small ulcers on dorsum of tongue, some are on attached gingiva. Hard palate, the fauces, and the pharynx are unaffected.
- If decrease in fluid intake due to pain and discomfort, admission to hospital for fluid maintenance to prevent dehydration.

Case 2: Extra-oral Soft Tissue

- **Dx:** Primary Herpetic Gingivostomatitis
- **Tx:** Condition is self-limiting and resolve within 10-14 days (Tincture of Time)
- Acyclovir has been shown effective if given within 72 hours of exposure. The usual dosage is 25 to 100mg/kg/day given 5 X day/oral suspension

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Case 3

A. Presenting patient :

- 2-day old male
- Newborn infant presents as an EMG.

B. CC & Hx of condition:

- Mom & OB/GYN noticed purple swellings on mandibular alveolar ridge following delivery.
- No feeding difficulties at this time.

Case 3: Newborn Anomalies

C. Social Hx:

- Middle class family

D. Medical Hx:

- WNL; NKDA, no current meds, APGAR(8&10)

E. Dental Hx: N/A

F. Extra-oral Exam:

- Minor bruising on face and scalp from delivery

Case 3: Newborn Anomalies

G. Intra-oral Exam:

- Two well-circumscribed lesions (~4mm in diameter) on the lower alveolus on either side of the midline. Both are identical in size.
- Lesions are dark purple but do not blanch on pressure. Soft and fluctuant. Base appears to extend into bone and not pedunculated.

Case 3: Newborn Anomalies

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Case 3: Newborn Anomalies

DX: Eruption cyst / Eruption hematoma

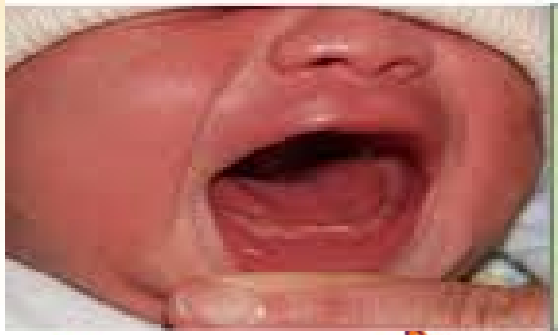
TX: Palliative; cysts will resolve with the eruption of the new teeth and the need for surgical intervention is usually unnecessary unless infected which is uncommon.

Case 3: Newborn Anomalies

- Two other newborn anomalies we see:

Natal and neonatal teeth

- -Teeth if present at birth – natal teeth
  -Teeth if present within thirty days of life – neonatal teeth [Massler and Savara, 1950]



Clinical appearance
-most commonly affected - lower primary central incisor
- normal teeth to poorly developed, small, conical, yellowish, white hypoplastic enamel or dentin and underdeveloped root

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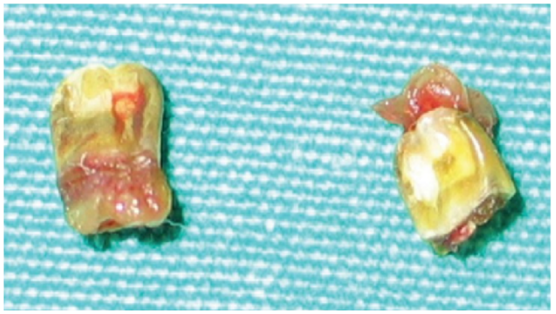
Case 3: Newborn Anomalies

Natal Teeth



Case 3: Newborn Anomalies

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Case 3: Newborn Anomalies

- Riga-Fide Disease

Case 4

A. Presenting Patient

- 8.7 yr. old male
- New pt. as an EMG

B. CC & Hx of Condition

- “my daughter fell off her bicycle”
- Accident happened 2 hrs. ago

Case 4: Traumatic Injury

C. Social Hx: Low SES

D. Medical HX: WNL, NKDA, no current meds

Vaccinations are up-to-date.(tetanus)

E. Dental Hx: No dental home; poor OH

F. Extra-oral Exam: WNL

G. Intra-oral Exam: soft tissue is WNL

Case 4: Traumatic Injury

H. Intra-oral Exam: Patient's L maxillary central incisor is fractured~ 2/3 off

I. **DX: Clinical Crown Fracture of the maxillary L permanent central incisor**

TX: REFER TO A DENTIST STAT!

Case 4: Traumatic Injury

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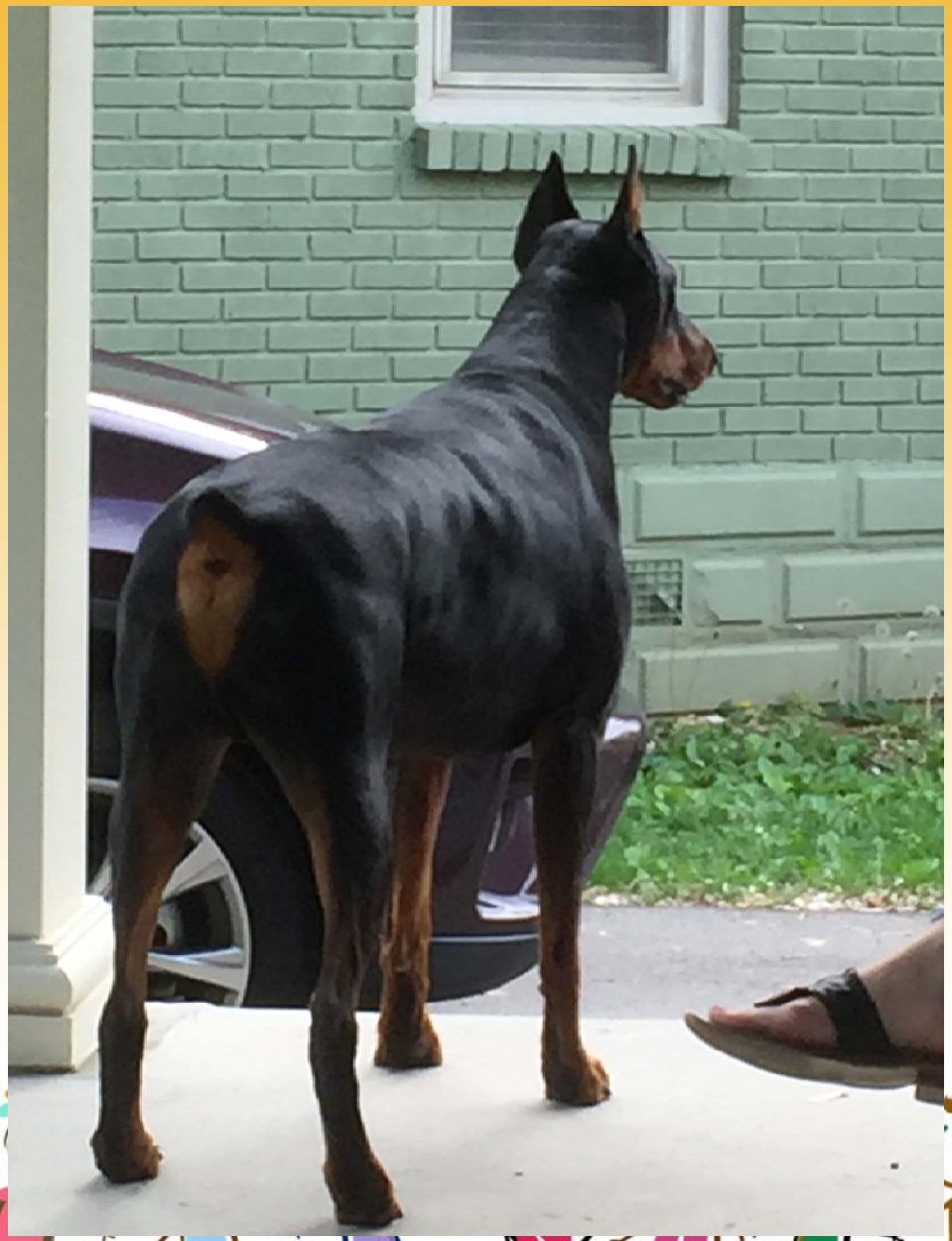

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Case 5

A. Presenting Patient

- 2.4 yr. old male as an EMG patient

B. CC & Hx of Condition

- Mom states “he fell while jumping on the sofa”
- She noticed bleeding/ accident occurred 1 hr. ago

C. Social Hx:

- Middle class family, mom is primary caregiver

Case 5: Soft Tissue Injury

D. Medical HX: WNL, NKDA, no current meds

Vaccinations are up-to-date.(tetanus)

E. Dental Hx: No dental home; good OH

F. Extra-oral Exam: WNL

G. Intra-oral Exam: soft tissue reveals a torn maxillary frenum upon lifting the lip; pt. has discomfort; no current bleeding

Case 5: Soft Tissue Injury

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Case 5: Soft Tissue Injury

DX: TORN Maxillary Labial Frenum

TX: Palliative tx; will heal on its own but can be bloody and frightening.

1. Stop the bleeding with pressure using either gauze or a clean washcloth.
2. Apply ice to the upper lip if swelling occurs. A softer diet may also help.

Case 6

A. Presenting Patient:

- 4 yr.old male
- Regular visit (well visit)

B. CC & Hx of Condition:

- Only noticed something lately while brushing his teeth

C. Social Hx:

- Low SES; single mom family

Case 6: Hard Tissue Lesions

D. Medical Hx: WNL, NKDA, no current meds

- Vaccinations are up-to-date.(tetanus)

E. Dental Hx:

- No Dental Home!
- Poor home care; pt. brushes only X 1 day
- Fl area, drinks fluoridated water
- No hx of trauma

Case 6: Hard Tissue Lesions

F. Extra-oral Exam: WNL

G. Intra-oral Exam:

- Soft tissues: WNL
- Hard tissues: reveals white spot lesions on the facial surfaces of all maxillary incisors

H. Dx: White Spot Lesions due to decalcification

I. Tx: NaF varnish application; refer to DDS…

Case 6: White Spot Lesions

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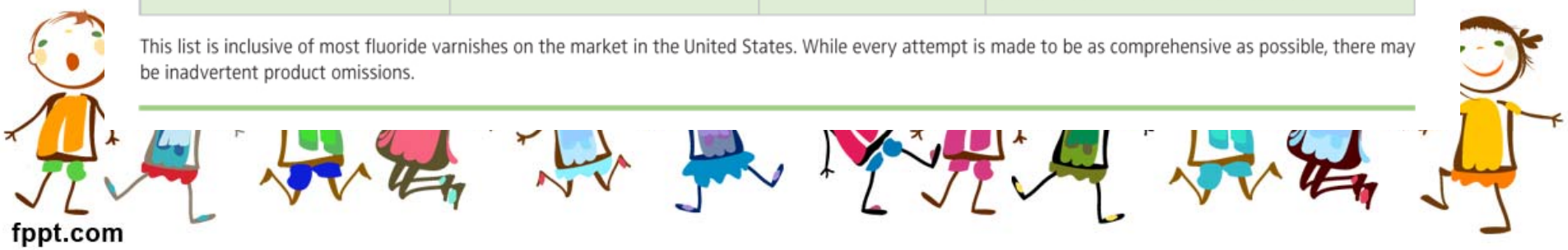
Case 6: White Spot Lesions

Table 1. Fluoride varnishes currently on the market.

MANUFACTURER NAME	PRODUCT NAME	ACTIVE INGREDIENTS	UNIQUE FEATURES (provided by manufacturers)
Colgate® Oral Pharmaceuticals	Duraphat® Sodium Fluoride Varnish	5% Sodium fluoride	Releases fluoride for 28 weeks, two-thirds of fluoride is released by 6 months, in use for more than 37 years, single application can increase total enamel fluoride by up to 77%.
Discus Dental Inc	Fluoridex Lasting Defense™	5% Sodium fluoride	Releases fluoride up to 30 days (22,600 ppm), brush-on application, no mouth trays so no gagging and less ingestion, adheres to moist or dry teeth, sets rapidly in contact with saliva, bubble gum flavor.
DR Dental Resources	Fluoride Varnish	Sodium fluoride	Economical, individually wrapped dispensing lollipops.
Ivoclar Vivadent	Fluor Protector	0.1% Sodium fluoride	Due to low fluoride concentration, it is suitable for small children, colorless, fast setting.
Medicom	Duraflor	5% Sodium fluoride	Offered in a variety of packaging and flavors, new formula offers less yellow appearance when dry, thick viscosity allows for precise placement, contains Xylitol.
OMNII Oral Pharmaceuticals	Vanish® 5% NaF White Varnish	5% Sodium fluoride	The only white varnish, unit dose packaging, includes applicator brush, measurement guide for proper dosing, sweetened with Xylitol.
OMNII Oral Pharmaceuticals	CavityShield® 5% NaF Varnish	5% Sodium fluoride	Unit dose application, two dosage sizes for different applications, color coded brushes, sweetened with Xylitol.
Pascal Co	Fluorilaq™	5% Sodium fluoride	High fluoride concentration remains on teeth and releases fluoride for several hours, penetrates plaque eliminating the need for prophylaxis before applying, light yellow color allows for easy identification during application.

This list is inclusive of most fluoride varnishes on the market in the United States. While every attempt is made to be as comprehensive as possible, there may be inadvertent product omissions.



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Case 7: Hard Tissue Lesions

Case 7: Hard Tissue Lesions

- DX: Severe Early Childhood Dental Caries
- TX: Refer to a Pediatric Dentist
- This is often the result from the prolonged use of the baby bottle, breast-feeding, and sippy cup with a sweet or sweetened medium.

Questions?

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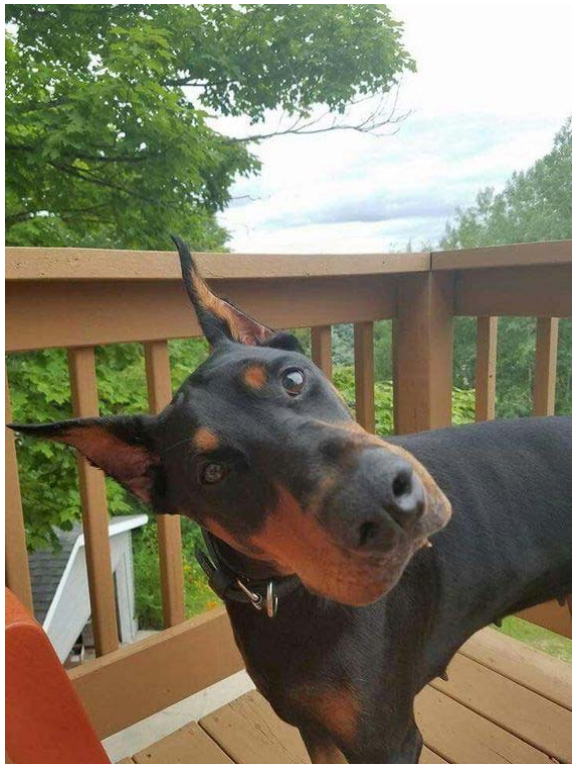
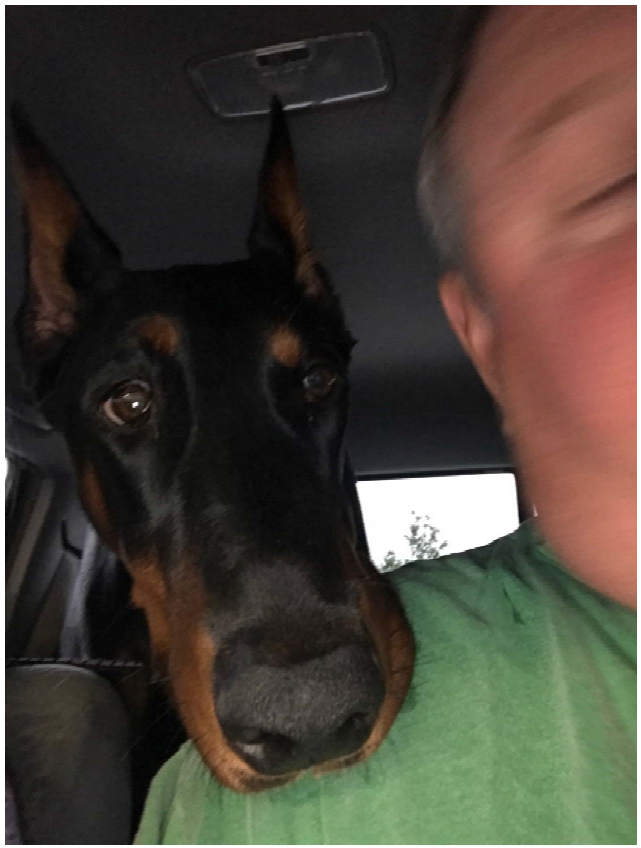
Thank You!