



Soft Tissue Is Not Just Kleenex®

Take your child to a conscientious dentist and s/he will receive a comprehensive examination. First the extra-oral structures of the head and neck will be checked, and then a general review of the intra-oral structures will be performed. The dentist will then meticulously examine the dentition and record the condition of each surface of each tooth. Likely, this will be followed by a cursory look at the gingival tissues and normal or within normal limits will be recorded. However, these are misleading descriptions. It is quite normal (average) for children and adults to have localized gingivitis, but it is not normal (healthy) for that tissue to be inflamed. Why is such care devoted to examining the teeth but so little time spent examining the gingival tissue? Why is chronic gingivitis in children overlooked or discounted and not considered a factor in oral health? Perhaps the most important reason is the perception that gingivitis in children is completely reversible and consequently not really important. It is not surprising that specialist practitioners are relatively unconcerned about the health of gingival tissue in children since little time is spent in pediatric dentistry or periodontics training programs with the diagnosis and treatment of childhood gingival disease.

For many decades there has been extensive study of dental caries in children. In comparison, there has been relatively little long term research concerning gingivitis in children. However,

the situation is changing. There is now increasing recognition that untreated gingivitis in children can lead to periodontitis with long term irreversible effects to the dentition. Just this year a new text of periodontal and gingival health in children, has been published (edited by Bimstein, et al, published by Martin Dunitz, Ltd. London). It focuses our attention on the importance of adequate diagnosis and treatment of soft tissue lesions in children. The time has long passed when conscientious dentists should examine the gingival tissue just as meticulously as they examine the dentition. With periodontal probe in hand, the dentist should carefully probe the tissue. Appropriate radiographs should be carefully examined to determine the presence of pocket formation and bone loss. While it is certainly true that some individuals are more susceptible than others to gingivitis, long term study might well show a relationship between chronic periodontitis in adults and the state of gingival tissue in childhood. Just as we are concerned about prevention and treatment of tooth decay in children, so too should we be concerned about the prevention and treatment of gingivitis in children. As my colleague aptly advised, soft tissue is not just Kleenex®. It deserves our attention for the complete health of children.

Letters to the Editor

Year One Dental Visit

Periodically the subject of infant dental health care comes up and we find ourselves expressing what appears to be a minority position of Academy members. The concept of having every child receiving a dental examination by one year of age, although philosophically ideal, is logistically impossible and probably medically unnecessary.

There are approximately four million babies born each year in the United States. There is currently inadequate manpower in the pediatric dental community to see all these patients. The general dentists in our part of the country are overwhelmed seeing adult patients. So who will see these children?

In addition, over 95% of three year olds presenting to our practices, never having seen a dentist, are decay free. How can we justify seeing all infants? The cost/risk benefit ratio certainly favors the dentist.

The American Academy of Pediatrics has resisted the AAPD's current guidelines for the child's first dental visit. There has been an attempt, however, by the AAP at the grassroots level for some compromise as evidenced by a recently adopted annual chapter forum resolution. This resolution states "that the Academy include in the periodicity schedule for the 0-3 year old child a description of the best practice for oral health anticipatory guidance, oral health examination, and early childhood risk identification to facilitate referral of the at-risk child to a qualified dental professional."

So what's reasonable? We should reexamine our position and along with the American Academy of Pediatrics develop a program that is practical and effective. If in fact twenty percent of children have eighty percent of the decay, then it is this

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