**Prevalence of Untreated Dental Caries**

In primary teeth among children aged 2–8 years, by age group and race/hispanic origin —


13.7% of children aged 2–8 years had untreated dental caries in their primary teeth (baby teeth).

The proportion of children with untreated dental caries in their primary teeth increased with age:
- 10.9% among children aged 2–5 years
- 17.4% among children aged 6–8 years.

A larger proportion of Hispanic (19.4%) and non-Hispanic black children (19.3%) had untreated dental caries in primary teeth compared with non-Hispanic white (9.5%) children.

**Impact of Oral Disease on School-aged Children and Their School Performance**

- Early tooth loss
- Failure to thrive
- Impaired speech
- Low self-esteem
- Poor school performance
- Absences from school
- Inability to concentrate
- Systemic consequences

**Dynamics**

**Caries Disease Process**

**Types of Caries**
ANTERIOR BABY TEETH CARIES

POSTERIOR BABY TEETH CARIES

DENTAL CARIES & DEVELOPMENT OF AN ABSCESS

ABSCESS

CHRONIC DENTOALVEOLAR ABSCESS (FISTULA, PARULIS)

UNDERSTANDING THE IMPORTANCE OF BABY TOOTH RETENTION
RISK ASSESSMENT
Mom/sibling dental history (biggest influence on risk), active decay in parent/caregiver automatically places as high risk

- Low health literacy of primary caregiver
- Low socio-economic levels of parents
- Clinically observe OH compliance issues
- Poor plaque control, biological presence of S. Mutans, gingival bleeding
- Frequent exposure to cariogenic agents

PREVENTIVE MEASURES

DENTAL SEALANTS

FLUORIDE
5,000 ppm products are CONTRAINDICATED

Fluoride supplements are required, only when NO other fluoride exposure

Fluoride varnish applied every 6 months is effective in preventing caries in primary and permanent dentition

Two or more annual applications of fluoride varnish effective on high-risk populations

NEW PARADIGM TREATING CHILDHOOD CARIES

Silver Diamide Fluoride (38%)

Caries arrest and prevention, low cost and no drill

Cons: Bad taste, black stains, mouth sore
GINGIVITIS EFFECTS ON OVERALL HEALTH

ACUTE NECROTIZING ULCERATIVE GINGIVITIS

DEPOSITS OF SUPRAGINGIVAL CALCULUS THAT CAN NOT BE REMOVED WITH BRUSHING

FUNGAL INFECTIONS
CANDIDIASIS (MONILIASIS) AND THRUSH – CANDIDA ALBICANS
ANGULAR CHEILITIS IN CHILDREN

ERUPTING PERMANENT TEETH
ERUPTING HEMATOMA

LINEA ALBA IN ADOLESCENT BOY

IRRITATION FIBROMA
ON UPPER LIP OF 6-YEAR-OLD BOY

ACUTE HERPETIC INGIVOSTomatitis
(PRIMARY HERPES SIMPLEX 1)

CHEEK BITE
(SELF-INFLICTED)
MUCOCELE / RANULA

MIGRATORY GLOSSITIS (GEOGRAPHIC TONGUE)

TONSIL STONES

LINGUAL THYROID NODULE

AMALGAM TATTOO

MELANIN
COSMETIC ALLERGIC REACTION

APHTHOUS ULCER

RECURRENT HERPES SIMPLEX LABIALIS

TONGUE BAR

ENLARGED PAROTID GLAND DUE TO VOMITING
RUSSELL’S SIGN
CLASSIC MAXILLARY EROSION IN PATIENT WITH BULIMIA NERVOSA

CHIPPED ANTERIOR TEETH IN PATIENT WITH BULIMIA NERVOSA

SQUAMOUS PAPILLOMA

CONDYLOMA ACUMINATA IN THE TONGUE AND PALATE OF A SEXUALLY ABUSED CHILD

Photo: Maria Barueta Manresa, DDS
ORAL LESION CAUSED BY HUMAN PAPILLOMA VIRUS

HUMAN PAPILLOMA VIRUS

ASSESSING FOR ABUSE

Dental Professionals – Mandated reporters

Head and Neck injuries occur in more than 50% of child abuse

34% of abuse victims under age 4, highest under age 1

MEDICAL NEGLECT

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts of omissions are not due solely to the lack of financial means of the child’s parents or other custodian.

This term may include the following, but shall not be limited to:

* Failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening.

* A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. (KSA 38-2202)

INDICATORS OF NEGLECT

While physical abuse is usually episodic, physical neglect tends to be chronic.
COMMON PHYSICAL INDICATORS

- Constant hunger
- Lack of proper supervision, abandonment or desertion
- Lack of adequate clothing and good hygiene
- Clothing consistently not appropriate for weather conditions
- Lack of medical or dental care
- Failure to achieve expected growth patterns
- Physical and speech delays
- Failure to thrive physically or emotionally
- Child states feeling pain in the mouth, jaw or ear
- Diagnosed signs of dental decay and the child states feeling pain and difficulty eating

REPORTING CHILD ABUSE AND NEGLECT

As mandated reporters with reason to suspect a child may be in need of care may report:

a. Form of report – may be made orally and shall be followed by a written report if requested. Provide child’s name and address and child’s parents, location of the child, child’s gender, race and age. The reasons of suspect the child may be in need of care.
b. When reporting a suspicion that a child may be in need of care, the reporter shall disclose protected health information freely and cooperate fully with the secretary and law enforcement throughout the investigation and any subsequent legal process.
c. To whom made: The Kansas Protection Report Center (24/7)

TO REPORT SUSPECTED CHILD ABUSE OR NEGLECT

Telephone: 1-800-922-5330
Fax: Sent to KSPRC (Kansas Protection Report Center) 1-866-317-4279
E-mail: KSPRC@ks.gov
Mail: Kansas Protection Report Center
Docking State Office Building
915 SW Harrison, 5th Floor
Topeka, KS 66612
Access mandated report at: http://www.dcf.ks.gov/Pages/HotlineNumbers.aspx

SEDGWICK COUNTY SCHOOLS WITH HIGH CARIES RATE

<table>
<thead>
<tr>
<th>School</th>
<th>Rate of Dental Caries per 100</th>
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<tbody>
<tr>
<td>Colvin Elementary</td>
<td>32.70</td>
</tr>
<tr>
<td>Spaght</td>
<td>31.88</td>
</tr>
<tr>
<td>L'Ouverture</td>
<td>31.27</td>
</tr>
<tr>
<td>Valley Center/West</td>
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<tr>
<td>Cessna Elementary</td>
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<tr>
<td>Gammon Elementary</td>
<td>28.64</td>
</tr>
</tbody>
</table>

TOP GRADES WITH DENTAL CARIES IN SEDGWICK COUNTY, 2015-2018

- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade