

Case Reports in Pediatric Dentistry

Edited by

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 **QUINTESSENCE PUBLISHING**

Quintessence Publishing Co Ltd
London, Berlin, Chicago, Tokyo, Barcelona, Beijing, Istanbul, Milan,
Moscow, New Delhi, Paris, Prague, São Paulo, Seoul and Warsaw

Foreword

It is essential that clinicians treating children have a high degree of awareness and knowledge of a wide range of oral conditions to optimize the dental care for their patients. Some of these conditions are commonly encountered whereas others are rather infrequent, thus giving the practicing dentist limited experience to build up diagnostic and treatment skills. The latter may concern, for example, different types of developmental disturbances such as hypodontia or disturbances of mineralization of dental hard tissues, as well as pathologic conditions in oral mucosa and bone. Of great interest in increasing knowledge and clinical experiences is the case reports/presentations, which, unfortunately to a limited extent, are published in pediatric scientific journals. This book has been produced in an attempt to overcome this and to give dentists involved in clinical dentistry for children an opportunity to a systematic approach in continuing education in diagnostics, indications, treatment, and follow-up of cases that could be seen in their own practices.

In this book, 16 cases treated by experienced clinicians are presented, including case history, examination, diagnosis, indications for treatment, treatment options, and evaluation/prognosis. References for further reading are also given. The clinical pictures and radiographs are of excellent quality. The ambition of the editors to present a new book with new cases every other year is to be commended. This means that we can expect a library of first-class case presentations, which over time will be of great importance for high quality care in dentistry for children.

The present book is an outstanding, important contribution to achieving high standards in clinical children's dentistry and also to stimulate discussions on treatment strategies. The book should be available to all clinicians involved in dental care for children, it should be used in education, and to form a "case library" in all clinics/practices. This book can therefore be highly recommended.

Göran Koch

Preface

In the Netherlands, as in several other countries in Europe and other parts of the world, there are specialist training programs in pediatric dentistry. Postgraduate students are expected to collect many case reports during this program. They get the opportunity to present these cases to only a limited number of colleagues, and after completion of their training there is a considerable chance that those case reports disappear in a drawer. This observation was the basis of the idea to publish a series of books on those case reports in the Netherlands to give our Dutch colleagues the opportunity to learn from all these cases. However, after the publication of the first two volumes, it appeared that there was also a need and interest in neighboring countries for such purely clinically oriented books on pediatric dentistry. This interest set us the challenge to produce an identical book in English, with case reports from different countries.

This book is unique in pediatric dentistry; although there are many textbooks on children's dentistry, there was a need for a concise collection of case reports. I hope that this book will not only serve as a reference for specialists in pediatric dentistry, but also help general practitioners in solving clinical problems related to their pediatric patients.

On behalf of the authors,

Evert van Amerongen

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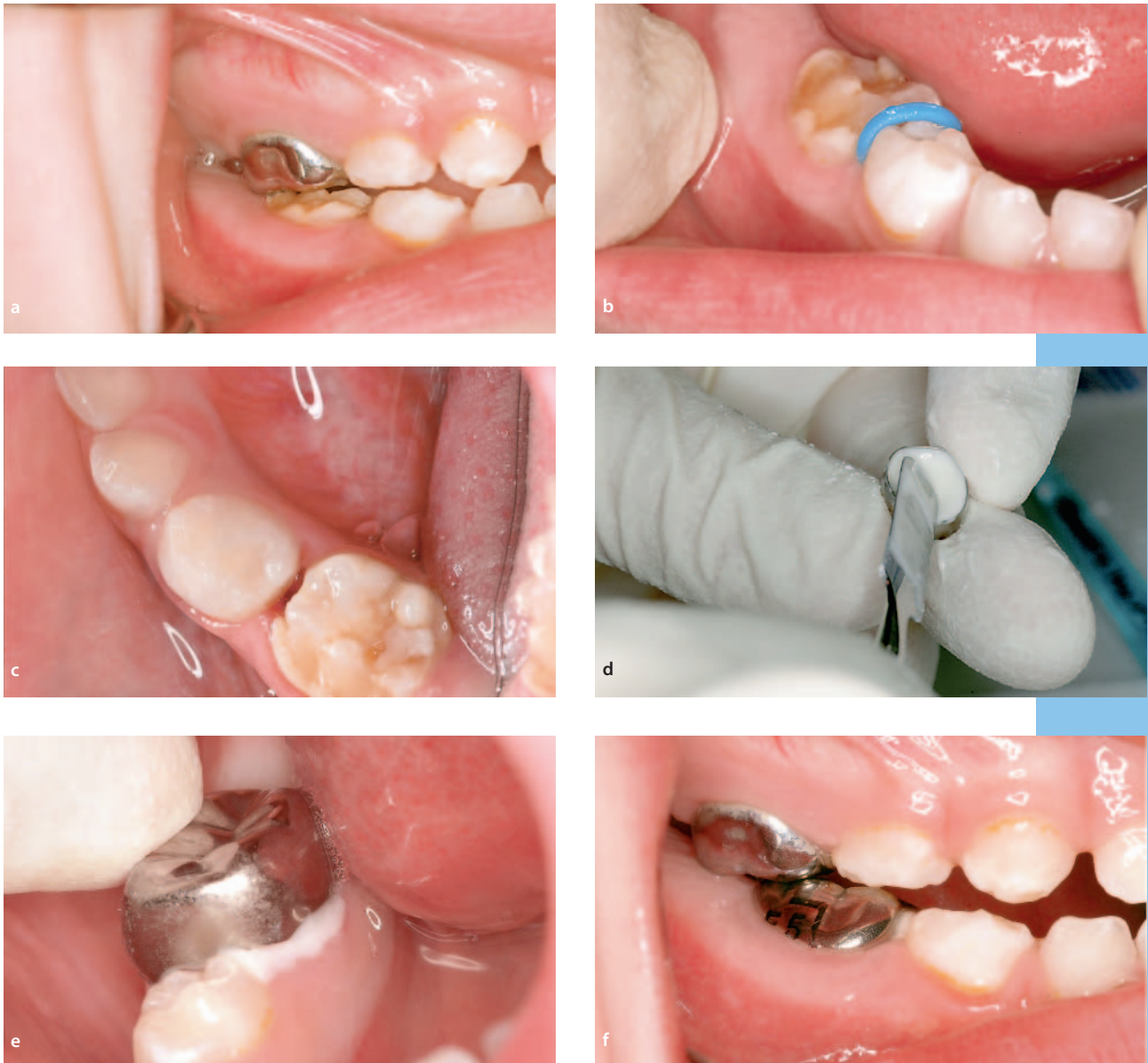


Fig. 8-2a–f Sequence for fitting Hall crown to the mandibular right primary second molar (85) with use of a separator to create space mesially. **8-2a** Lateral view prior to fitting crown. **8-2b** Separator placed. **8-2c** Separator removed 5 days later, showing space. **8-2d** Crown being filled with glass ionomer cement. **8-2e** Crown being placed on tooth. **8-2f** Crown fitted. Glass-ionomer will be removed from between the mandibular right primary molar (84, 85) using dental floss.

Four months after this, when Alistair was 5½ years of age, his cooperation had improved sufficiently to allow radiographs to be taken (Figs 8-3a, 8-3b). These showed caries affecting the maxillary left primary first molar (64) and the mandibular right primary first molar (84). Initially these lesions were managed with prevention alone, but as they were noted to be progressive, with new carious lesions developing on the maxillary right primary first molar (54) and the mandibular left primary first molar (74), Hall crowns were placed on all four first primary molars by the time the patient was 6 years of age (Fig. 8-4). Whereas composite restorations may have been considered more esthetic restorations for these teeth by the patient and his mother, they have not expressed any concern over the appearance of the crowns. Alistair was happy with the crowns and although his coop-

eration with treatment and ability to remain still in the dental chair were improving, it was unlikely that he would have tolerated four individual appointments with local anesthetic and use of rotary instruments. In addition, moisture control may well have been difficult to maintain, compromising the quality of the restorations.

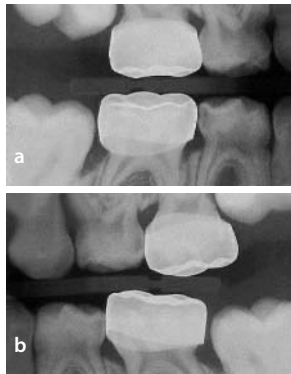


Fig. 8-3 Bitewing radiographs (age 5½ years). **8-3a** Right bite-wing radiograph; **8-3b** left bite-wing radiograph.



Fig. 8-4 Anterior view (age 6 years 2 months) showing equal occlusal contact on both sides and establishing permanent dentition.

As the patient was clearly at increased risk of dental caries, the partially erupted first permanent molars were fissure sealed with Fuji VII™ (GC) as a temporary measure, until they had erupted sufficiently to allow placement of resin sealants.

History, clinical examination, and bitewing radiographs (Figs 8-5a to 8-5d) at 7 years of age (2 years after the first, and 1 year after the last, Hall crowns were fitted) found no signs or symptoms of pulpal disease and no new carious lesions. Alistair's cooperation had also improved sufficiently to allow resin sealants to be placed on the first permanent molars.



Fig. 8-5a–d Age 7 years. **8-5a,b** Eight PMCs fitted using Hall technique and glass-ionomer temporary fissure sealants on the first permanent molars. **8-5c,d** Right and left bitewing radiographs.