



# Pediatric Considerations for the General Dentist



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# Course Overview

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1. Appropriate diagnostic tools to identify common dental anomalies
2. Management of common dental anomalies in the Pediatric patient
  - a. Supernumerary Teeth
  - b. Ectopic Molars
  - c. Molar Incisor Hypomineralization
3. Trauma Triage and Management



I have no financial disclosure or conflicts of interest with the presented material  
in this presentation

# Common Dental Anomalies in the Pediatric Patient



# Supernumerary Teeth

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# The Basics



**Conical**



**Not Inverted**



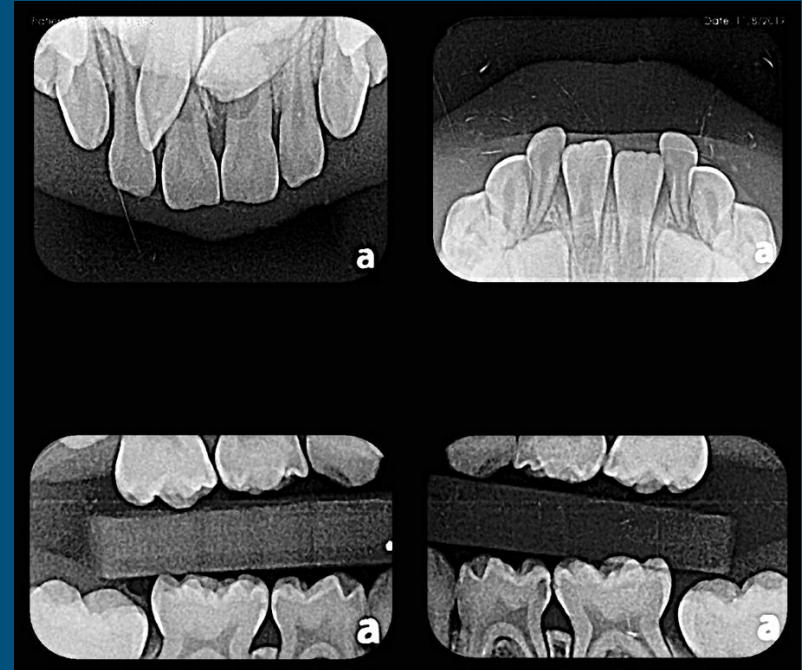
**Inverted**

**Tuberculate**

# Case #1

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- 5y11m Male
- Medical Hx: Asthma (well controlled with daily steroid inhaler and albuterol prn)
- CC: "He has extra teeth"





Petiole of a fly



# Case #1

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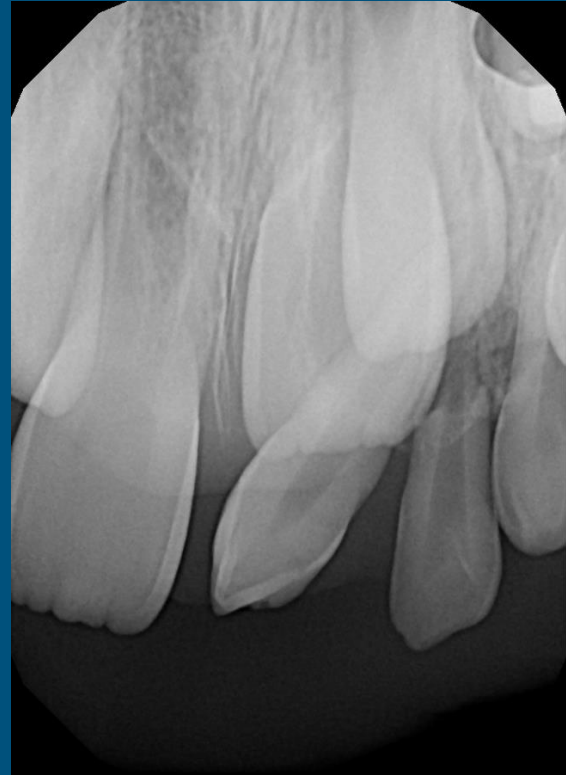
- Clinical exam: #8' (58) PE palatally; #9' (59) unerupted. #E Cl. 1-2 mobile; #F not mobile
- Recommendation:
  1. Return in 3-4 months for new Max ant PA and determine txmnt plan
  2. Treat #S/T (#K/L treated at outside DDS)



# 11/12/2020

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- #E/F/8' extracted at outside DDS
- Pt now presents with #8 and 9' partially erupted and delay in eruption of #9
- Recommendation: Extract #9' and monitor eruption of #9.
- 12/7/2020: #9' extracted
- 5/14/2021: #9 still unerupted but outline visible. #8 still partially erupted
- 11/22/2021: #9 partially erupted!



# Case #2: 9/25/2020

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- 7y6m old male
- Medical Hx: Autism (high functioning)
- Medications: None
- Surgical hx: Hx of ear tubes placed March 2015
- CC: None
  
- Clinical presentation: #8 partially erupted and rotated 90 degrees. #D remains and #G exfoliated





# Treatment recommendations

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- Refer to OS for extraction
- Monitor for self correction
- Determine appropriate time for ortho referral
  - Is it continuing to erupt after extraction of supernumerary?
  - Occlusal interference?
  - Trauma risk?
- Extracted #58 under IV sedation Nov 2020
- Follow up 12/28/2020:
  - #8 further erupted
  - NO traumatic occlusion because of labial positioning
  - Continue to monitor for self correction
- Follow up 3/19/2021:
  - #8 fully erupted and still rotated 90 degrees.
  - Referred to ortho

# Case #3

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4 y11m



5y11m

# Ectopic Molars

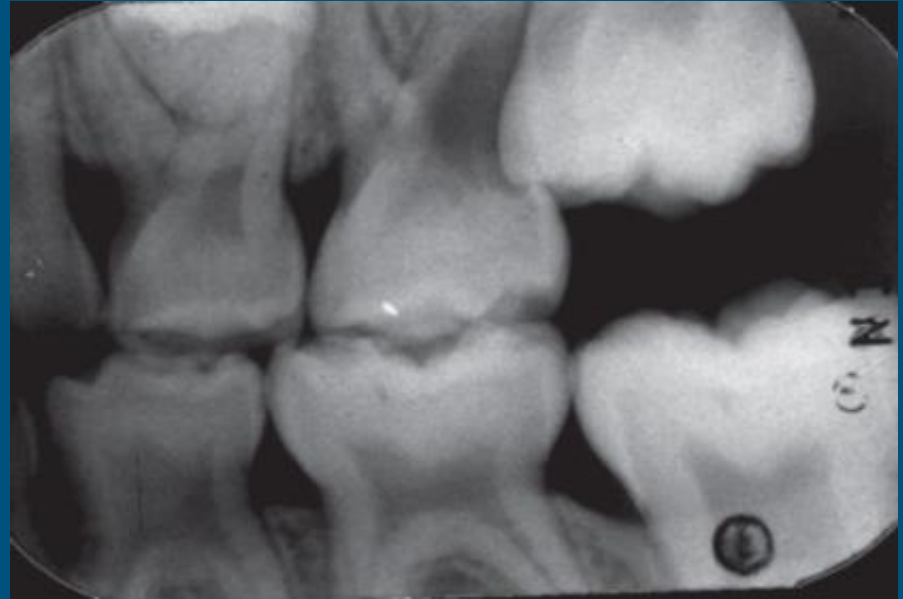
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# Fast Fact

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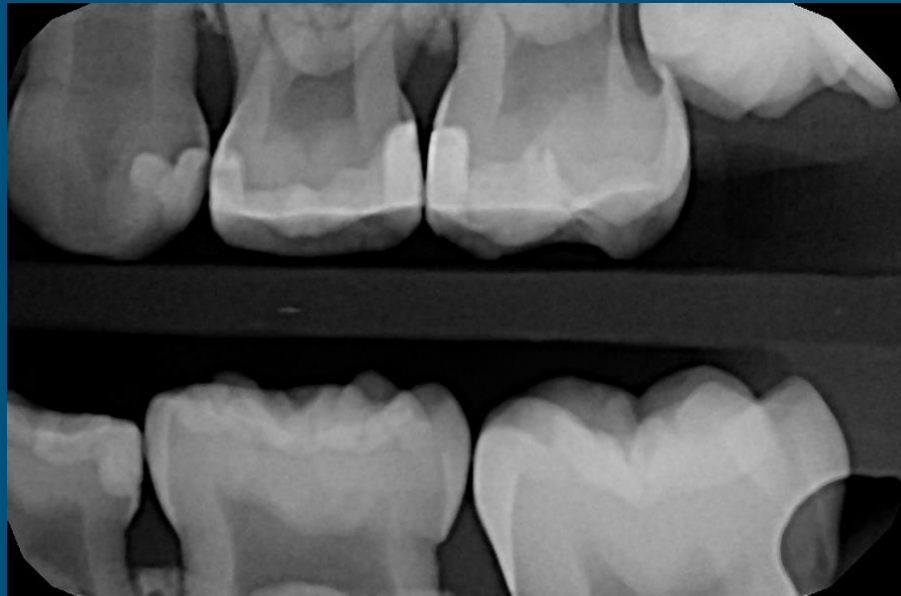
- 0.01-4%
- Maxilla > Mandible
- Males > Females
- $\frac{2}{3}$  (66%) Jump!!
  - Females > Males
  - Within 2-3 years of expected eruption (8-9 y.o)



# Case #1

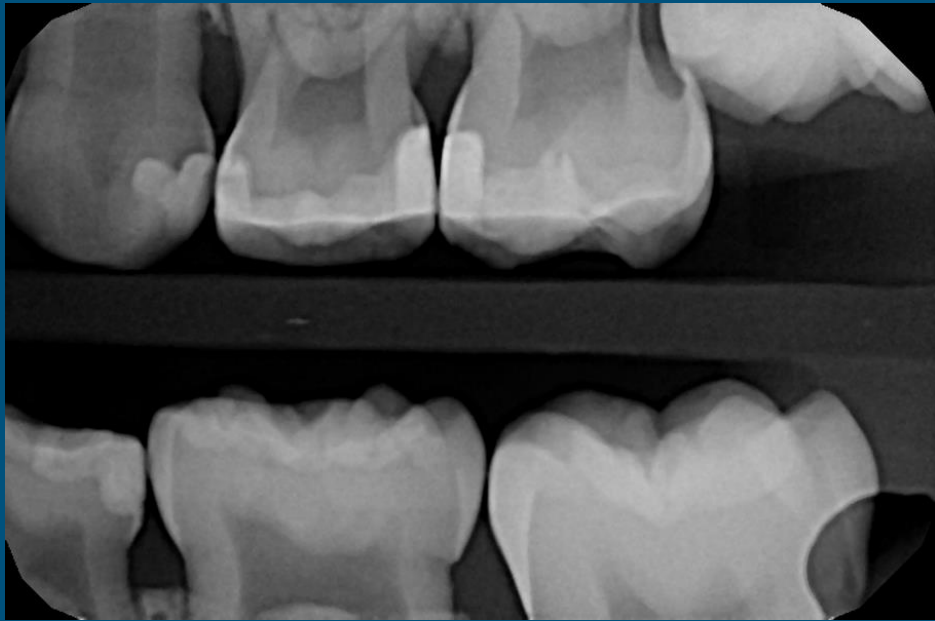
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- 6y2m old Male
- Medical Hx: ASA I; no meds; NKDA

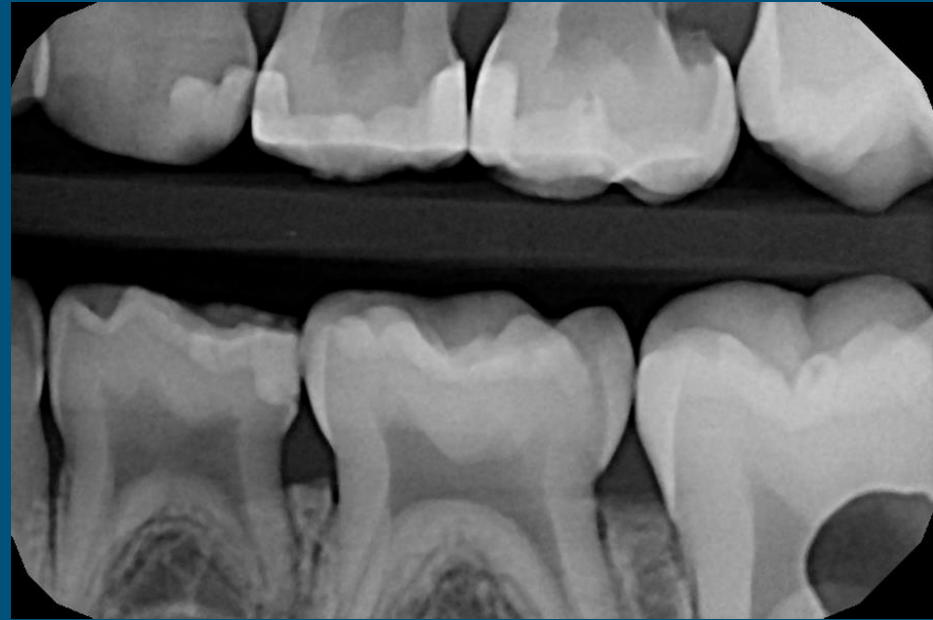


# Case #1

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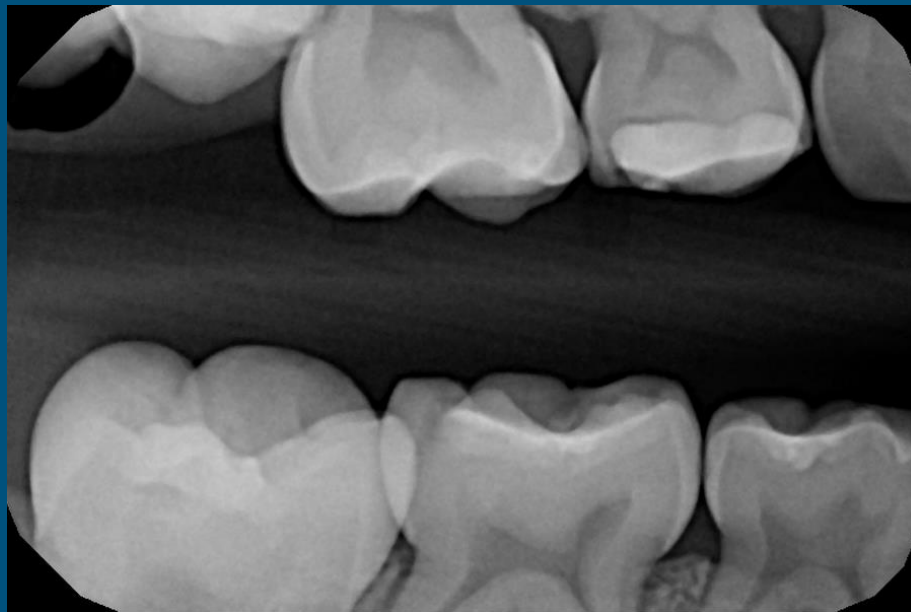


6y2m



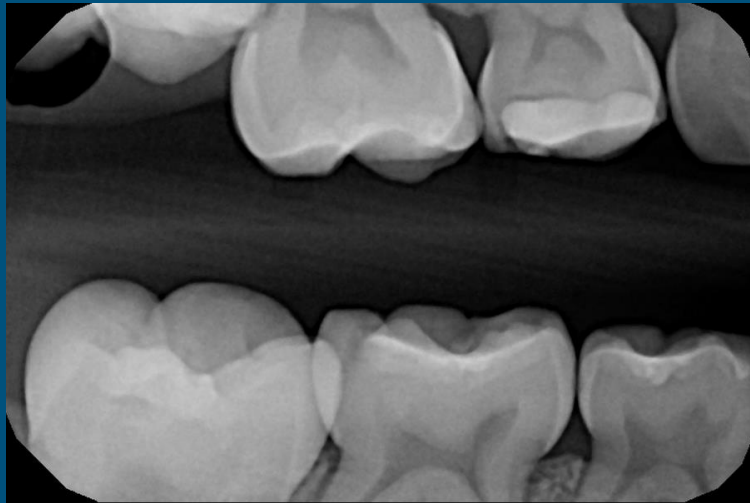
7y1m

## Case #2: Disking

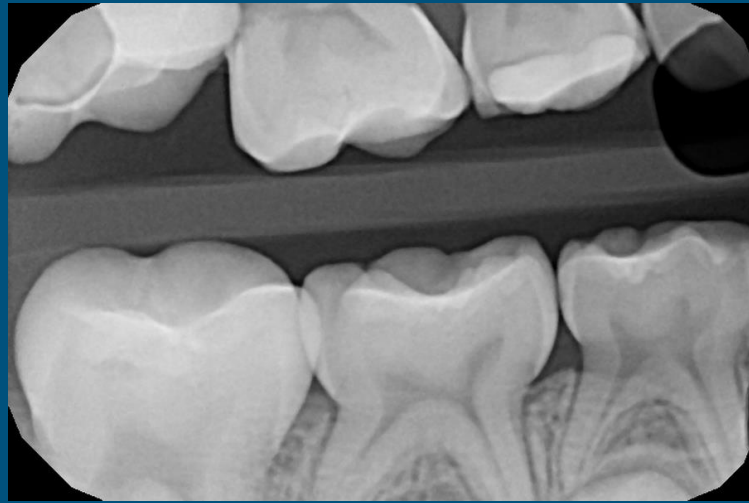


12/22/20  
7y4m

## Case #2



12/22/20  
7y4m



12/22/20  
8y5m



**Pre-Op**



**Post-Op**

# Treatment Option

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- Monitor for spontaneous correction
- Space creation and passive eruption
- Primary tooth extraction
- Tooth exposure and orthodontic traction



# Molar Incisor Hypomineralization

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# The Basics

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- Hypomineralization of 1 to 4 molars and incisors
- Systemic origin
- QUALITATIVE not quantitative



# Challenges

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Restoration longevity

Hypersensitivity

Rapid Caries Progression

Esthetics



# Treatment Options

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- 1) Sealants for prevention
- 2) GI restorations
- 3) Composite Restorations with Sodium Hypochlorite
- 4) Stainless Steel Crown
- 5) SDF
- 6) ICON



# ICON

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# Trauma

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# Case #1

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- 9 y.o Female
- Medical Hx: ASA I, No meds, NKDA
- Dental Hx: Established Dental Home
  
- Extraoral findings: Lower lip laceration/abrasion with swelling
- Intraoral finding: #8 complicated crown fracture. No soft tissue injuries
- Occlusal exam: No occlusal interference



# Trauma Visit



# Post Op Photos/Radiographs

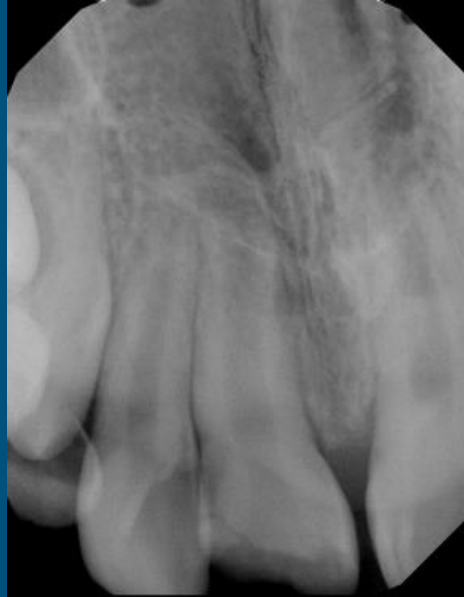
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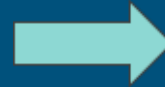


# 6 mo follow up

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Initial Visit



6 mo follow up

# Case #2

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- 13 y.o Male
- CC: Fell while playing soccer and 2 of his teeth fell out
- Trauma timeline
  - Trauma occurred at 2:20 PM
  - Presented to outside DDS who referred to CHLA
  - Presented to ED at 5 PM
- Medical Hx: Autism, hyperekplexia
- No Meds
- No allergies



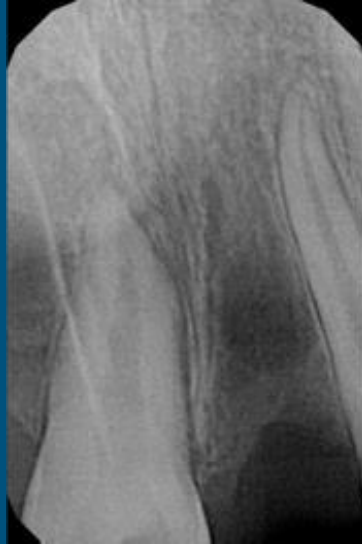
# Initial presentation

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# Pre Op Radiographs

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# Diagnosis

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- #7, 9 avulsed (extraoral dry time 3+ hrs)
- #8 Subluxation/mild extrusion with Cl. III mobility
- #10 Subluxation with Cl. I mobility
- #25 Uncomplicated fracture to dentin

# Treatment Provided

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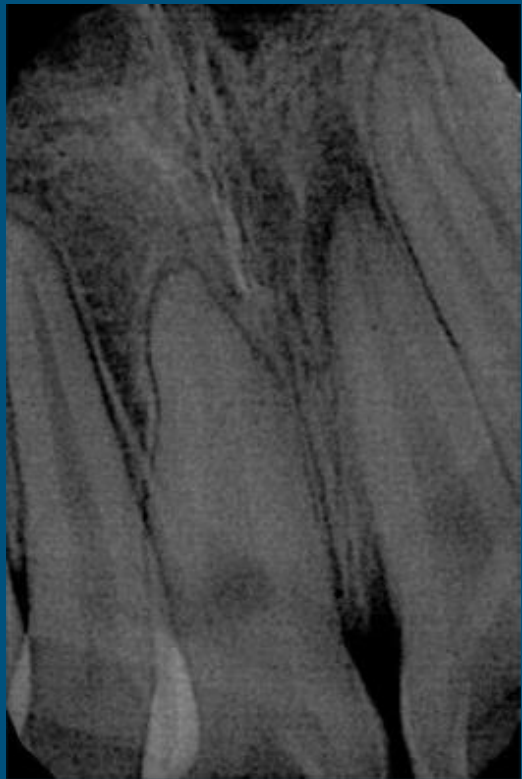
- #7, 9: Denuded PDL cells with scaler, transferred to saline. Reimplanted
- #8, 10: Repositioned
- #25: Covered with Fuji II LC
- 2 splints placed
- Enamoplasty performed
- Amoxicillin and Chlorhexidine prescription provided





# Treatment Provided

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# Treatment Provided

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1. Pulpectomy 2/14/18
2. Splint Removal 3/2/18 (4 weeks)
3. RCT 3/9/18

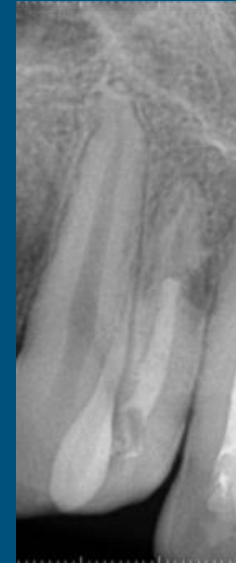




# 10 Months Later

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- External/Surface Resorption of #7
- Ankylosis of #7





<https://dentaltraumaguide.org/>