

Pediatric dental cleaning

Sabrina Dogan

Regular dental prophylaxis protects our patients from diseases of the dental hard substances and of the soft tissue. Professional cleaning prevents tooth decay, gingivitis and periodontitis. For this reason, children should undergo regular dental cleaning. Since “practice makes perfect”, dentists can begin with dental cleaning in a playful manner in patients as young as five years old or even younger. Pediatric cleaning poses special challenges for the treatment team. For instance, the small opening of the patient’s mouth, the intensive taste sensation or the long application time periods needed for fluoride preparations to work can complicate the treatment.

In my case study below, I would like to share some helpful types of prophylactic materials for use in your everyday treatment context.

The 10-year-old patient presented to our practice for his twice-yearly check-up and for professional cleaning (Fig. 1). His general history was unremarkable. The patient had mixed dentition with all permanent molars present. Intraoral examination showed cavity-free dentition. The molars were sealed with intact fissure sealant.

Localized plaque-induced gingivitis was present. The plaque was located on the cervical areas of teeth 12 to 22, which also presented extrinsic stains (orange stain). Tooth 12 and the maxillary molars had white spots and teeth 32 to 42 had light brown stains. No tartar was present and there were no signs of abrasion.

With the help of the patient’s mother we learned more about the young man’s diet and fluid intake. We also performed saliva testing. Daily fluid intake was slightly less than normal (less than 1170 mL per day). The patient consumed sugar and acid-promoting substances three to five times a day. Fluoridation took place via fluoridated salt, mineral water and adult toothpaste. The salivary test parameters, flow rate, buffer capacity and bacteria assessment were in the normal range.

Prophylaxis and professional cleaning of all tooth surfaces:

After an in-depth consultation with the patient’s mother and inspecting the oral cavity, prophylaxis treatment commenced. In line with the patient’s age, a PSI code of 0–1 was assessed and the plaque test evaluated with 41%. The maxillary and mandibular front teeth as well as the cervical dental surfaces were primarily affected by plaque. For oral hygiene at home, the patient uses an Oral-B power toothbrush (Triumph 5000) and sometimes a manual toothbrush in the morning. The patient uses adult toothpaste. To clean the interdental spaces, the patient uses dental floss.

Due to the present structured plaque in the maxillary front teeth, visualized by Mira-2-Ton, and the extrinsic stains in the mandibular front teeth (Fig. 2), I performed pre-polishing. For pre-polishing, DMG Flairesse green mint prophylaxis paste is combined with a prophylaxis brush (Fig. 3). The cleaning paste is available in two application forms (tube/single doses). In this case, I used the paste from a tube, since I needed only a small amount for polishing the teeth. While single doses are ideal for hygienic reasons, for pediatric dentistry the amount of paste in the cup is very generous.

The fresh mint taste goes over well with adolescents. Boys apparently still like mint-flavor chewing gum, so the mild mint flavor is no problem for patients in this age group.



The visible green coloring of the prophylaxis paste allows the areas that have already been cleaned to be distinguished from the uncleaned areas. The cleaning paste is easy to apply and distribute. It doesn't stick or splatter. It also has excellent homogeneity and produces excellent cleaning results in a matter of minutes. Once the patient has rinsed, all of the paste residue is gone and no sticky residue remains on the gingival margin or on the soft tissue (e.g., tongue, lips).

For interdental cleaning after the professional cleaning and to demonstrate oral hygiene techniques, a TePe dental floss was coated with prophylaxis paste and used (Fig. 4). To facilitate use, the thinnest possible coated dental floss should be selected.

For fine polishing, I used DMG Flairesse (melon flavored) prophylaxis paste and a fine prophy cup (Fig. 5). Flairesse is ideal for post-cleaning and polishing the cervical areas. The paste adapts well in the prophy cup. Despite the fruit flavor, there is no increase in salivary flow and polishing can be performed well. The melon flavor comes over well: "It tastes good!" After final polishing, the dental surfaces look smooth and even.

The choice of fluoridation was easy in this case. I chose to use melon-flavor Flairesse prophylaxis gel (Fig. 6) because it tastes so good. Kids can choose the flavor they prefer themselves. The gel with fluoride / xylitol is available in strawberry, melon and mint flavors. It is easy to apply with a cotton swab. It does not drip, does not form foam or film in the mouth and tastes good.

The short application time of 60 seconds means that fluoridation can be performed quickly and cleanly in children's mouths.

There's nothing easier

... and treatment concludes with a positive fresh and fruity taste sensation (Fig. 7).



Figures

- 1 Initial situation
- 2 Staining the teeth
- 3 Pre-polishing
- 4 Interdental cleaning and oral hygiene demonstration
- 5 Fine polishing
- 6 Local fluoridation
- 7 Final results

Contact address:

Sabrina Dogan
Dental Practice
Dr. K. Glinz and Dr. W. Hoffmann
Sinsheimerstr. 1
69256 Mauer
Tel. 06226-1200

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