



ORAL HEALTH IN COMPREHENSIVE CLEFT CARE

An educational manual for non-oral health professionals

DAY 2



Supported by



WELCOME



IDENTIFICATION OF WHITE SPOTS, BROWN SPOTS AND CARIES

Learning objective:

The participants will understand how to identify early carious lesions.

WHITE SPOTS/HYPOMINERALIZATION

White spots are demineralised areas on the tooth surface, where a significant amount of minerals, such as calcium, have been lost usually due to plaque bacteria and suboptimal oral hygiene. This is a sign of early caries.

White spots can also be caused by:

- Fluoride
- Trauma
- Hypomineralisation
- Decalcification



BROWN SPOTS

- Discoloration on the tooth surface can be extrinsic – on the outer tooth structure – or intrinsic – within the tooth structure.
- Chromogenic bacteria
- Dietary factors, such as tea, coffee, berries, smoking or even iron supplements
- Certain mouthwashes can cause discoloration



DENTAL CARIES

Brown spots on the surface can also be carious, it is important to assess and correctly diagnose these.



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INTRINSIC DISCOLORATION CAN BE CAUSED BY:



DENTAL FLUOROSIS



AMELOGENESIS IMPERFECTA



TETRACYCLINE STAINING



PULP NECROSIS

PERIODONTAL CONDITIONS, GINGIVITIS AND PERIODONTAL DISEASE

Learning objective:

Understand the causes, signs and symptoms of periodontal conditions and how to prevent them.

GINGIVITIS

- Gingivitis occurs when the gums around the teeth become red, swollen and bleed when brushed; it is reversible when treated quickly.
- The first sign can be blood on the toothbrush or after spitting out.
- In many cases, people will suffer from halitosis (bad breath).
- With improved oral hygiene gingivitis is reversible.



PERIODONTAL DISEASE

- Periodontitis is mostly seen in adults.
- Prevention of gum disease is essential since periodontitis is irreversible and can cause tooth loss.



OTHER CAUSES OF PERIODONTAL DISEASE

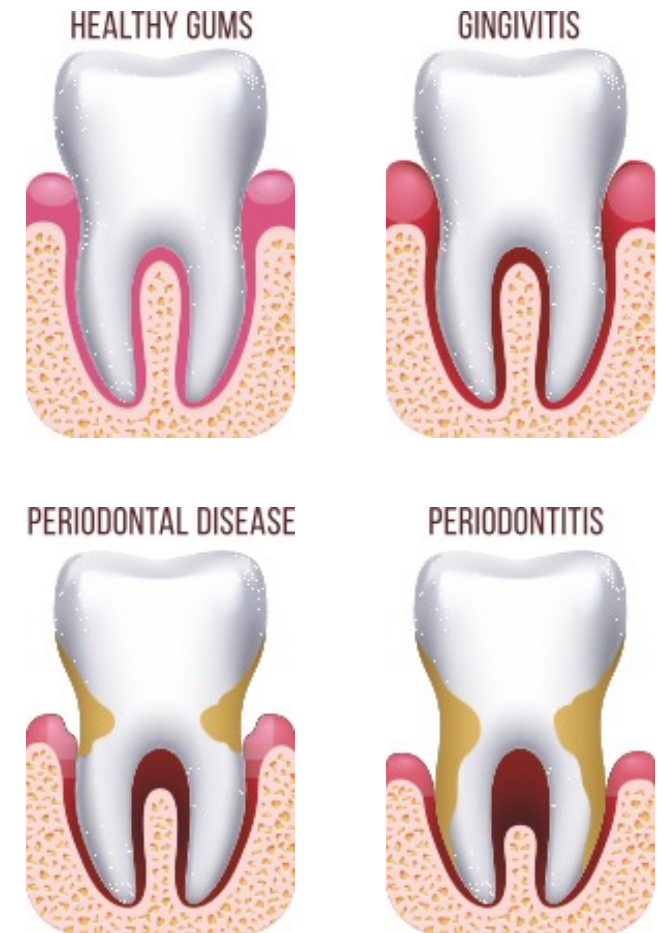
What are other causes of periodontal diseases?

Local and systemic risk factors accelerate the occurrence of periodontal diseases.

How can periodontal diseases be prevented?

- Regular dental check-up and professional cleaning and scaling.
- Empowering people to take care of their general health and oral health at the earliest possible age.
- Promoting the behavioural changes needed to prevent these conditions

It is crucial to prevent and treat periodontal diseases at the earliest age!



COMMON AND LESS COMMON ORAL DISEASES

Learning objective:

Understand other oral conditions in the patients with cleft, such as: oral candidiasis, aphthous ulcers, eruption cysts, abscesses, oral cancer, trauma, HIV manifestations and noma.

COMMON ORAL CONDITIONS

Oral candidiasis:

- Oral candidiasis, also known as thrush, is a fungal infection of the oral mucosa, caused by an over accumulation of the fungus *Candida albicans*.
- Patients with clefts are at higher risk of oral candidiasis, possibly due to a poorer oral health, after surgeries and other cleft treatment such as prolonged obturator wear.



COMMON ORAL CONDITIONS

Aphthous ulcers:

- The specific aetiology of aphthous ulcers is unknown, but possible precipitating factors include trauma, stress, sunlight, endocrine disturbances, haematological disorders, immunological factors and allergies.
- In patients with cleft, aphthous ulcers can occur where appliances or dental braces rub and cause trauma to the mouth.



COMMON ORAL CONDITIONS

Dental abscesses, or gum boils:

- An oral lesion, it can present as a localized infection from a carious tooth or periodontal issue linked to periodontitis.

Dental abscesses require urgent professional dental treatment.



COMMON ORAL CONDITIONS

Oral trauma:

- Oral trauma occurs most commonly in early childhood. Physical examination is first directed at determining the adequacy and stability of airway, breathing, and circulation followed by evaluation for associated head and neck injury.



COMMON ORAL CONDITIONS

Oral cancer:

- As you can see, oral cancer can look like some of the more common conditions mentioned previously. It is extremely important to refer any lumps, bumps and ulcers to the dental team at the earliest opportunity.



Ulcerobudding carcinoma



Ulcerative carcinoma



Squamous cell carcinoma

LESS COMMON ORAL CONDITIONS

HIV manifestations:

- Periodontal disease
- Candidiasis (erythematous or pseudomembranous) of oral mucosa
- Human papilloma virus
- Primary simplex herpes
- Kaposi sarcoma, which may vary in appearance from minimal asymptomatic, flat, purple or red macules to large nodules
- Hairy leukoplakia of the lateral borders of the tongue
- Linear gingival erythema
- Eruption cysts



Eruption cyst

LESS COMMON ORAL CONDITIONS

Noma:

The first sign of noma is sore, bleeding gums. An initial gum lesion then develops into an ulcerative, necrotizing gingivitis that progresses rapidly, destroying the soft tissues and bones of the mouth and further progressing to perforate the hard tissues and skin of the face

Due to high mortality rate (90%) rapid identification and treatment is needed.



ORAL HEALTH INTERVENTIONS

Learning objective:

Understand oral health intervention for patients with cleft.

HOW TO BRUSH TEETH

- Before dental eruption, babies should have their gums wiped after every feed, morning and night, switching to a small soft toothbrush as their teeth erupt.
- Children should be assisted until the age of eight and carefully supervised thereafter
- The toothbrush should be placed at a 45-degree angle to the tooth and gum and small circles made to clean the tooth and gum margins. The chewing surfaces of the teeth are brushed with the bristle ends.
- Toothbrushing should take two minutes; it may be useful to have a timer, an app or a song on the radio for this.
- Floss or interdental brushes should be used to clean in between the teeth and special attention should be paid to the cleft area.



CHOOSING A TOOTHBRUSH

The correct toothbrush for a child should have the following characteristics:

- A small brush head
- Soft bristles
- An easy to grip handle
- The right size
- Suitable for children at each stage of growth



FLUORIDE

Fluoride can help to reduce and prevent tooth decay, mainly in the following ways:

- It slows down demineralization in a joint action with other minerals present in teeth and saliva, such as calcium and phosphate
- Along with the saliva, it participates in the remineralization of the tooth tissues that were dissolved by the acids in the early stages of the tooth decay process.
- When applied topically in high concentrations, fluoride is deposited in dental enamel as calcium fluoride, which is later covered by a layer of protein and phosphate, allowing fluoride to be released slowly to the saliva

EXCESS FLUORIDE

The excessive intake of fluoride during the period of tooth development can cause fluorosis. This is characterized by the appearance of white or brown areas or even pitting in the enamel

Check the fluoride content of local water

Find an alternative water source if the ground water has excessive fluoride or use filtering methods



DENTAL FLUOROSIS

HEALTHY DIET

BEST FOOD FOR HEALTHY TEETH



FOODS THAT DAMAGE TEETH



Medications

Healthcare providers should try to prescribe sugar-free medications where possible

Behavioural habits

Do not allow infants and children to go to sleep with a bottle with milk or sugary drink.

Thumb sucking and pacifier use should be discouraged

CARE INSTRUCTIONS FOR THE OBTURATOR/APPLIANCE



Remove the OA and wash in cooled boiled water.

The mouth should be inspected for any areas of ulceration, bleeding and tooth eruption. The OA may need to be adjusted by the dentist.



Using a moist swab stick clean under the flattened nostril.



Carefully insert the OA slightly sideward for a unilateral cleft and straight for a bilateral cleft.



Apply soft white paraffin to all lip areas and the pre maxilla as needed and at each feed time.



HOW TO CARRY OUT A BRIEF ORAL HEALTH INTERVENTION

Learning objective:

Understand how to deliver a brief oral health intervention

Every patient appointment is an opportunity to remind the patient and caregiver how to prevent oral diseases.

Start with a 'Lift the Lip' check

1. Remind the patient or caregiver to brush twice daily for two minutes
2. Remind the patient or caregiver to use a fluoridated toothpaste and to spit, but don't rinse away, the toothpaste residue
3. Advise the patient or caregiver to avoid snacking between meals; if a snack is needed, swap out anything sweet or sugary for items that will not cause tooth decay, like whole fruits, plain yoghurt or cheese and crackers.
4. Advise the patient or caregiver to avoid sweet or sugary drinks between meals and stick to water or milk.
5. Ask the patient or caregiver if they have visited the oral healthcare team recently and remind them to book a check-up.

LIFT THE LIP (LTL)

Learning objective:

Understand what 'Lift the Lip' means and why it is important

LIFT THE LIP (LTL)

The LTL intervention is quick and easy, promoting a family focus on oral health and preventive care.

The aim is to evaluate the front teeth and identify any sign of tooth decay, gum disease or any other abnormality.



GUIDANCE FOR LIFT THE LIP (LTL)

LTL can be carried out in any setting. It is not a full clinical examination or a diagnostic test, it is intended to take only a couple of minutes to complete.

- It is recommended during visits from six months of age
- Position the baby in a lying down position
- For toddlers, the child may be examined seated on their caregivers' lap on a chair opposite and facing the health professional.
- For preschool children, the child can either lie flat on an examination table or sit in front of the parent
- LTL should be performed in association with a brief oral health intervention



REFERRAL PATHWAYS

A crucial element for the success of LTL is establishing an effective referral pathway

- White lines along the gum line: An early referral is needed as well as a brief oral hygiene intervention
- Brown spots that do not wipe off and obvious cavity: Referral needed and provide a brief intervention on oral hygiene.
- Advanced Decay: Immediate referral to their oral health professional.



RECAP AND CLOSE

1. Name two things that can cause white spots on teeth
2. Name two things that can cause extrinsic brown spots on teeth
3. Name two causes of intrinsic tooth discolouration
4. Name one common oral condition
5. Name one uncommon oral condition
6. Until how old should a child be supervised with their toothbrushing?
7. What does fluoride do? What does too much fluoride cause?
8. Name one good food and one bad food for health teeth
9. How often should Lift the Lip be carried out?
10. When should a child be referred to oral health team?

THANK YOU

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