EARLY CHILDHOOD CARIES

CONTENTS:

1. INTRODUCTION
2. TERMINOLOGIES
3. EPIDEMIOLOGY
4. DEFINITION
5. CLASSIFICATIONS
6. STAGES OF EARLY CHILDHOOD CARIES
7. ETIOLOGY OF EARLY CHILDHOOD CARIES
8. RISK FACTORS
9. CLINICAL FEATURES
10. COMPLICATIONS OF EARLY CHIDHOOD CARIES
11. DIAGNOSIS OF EARLY CHILDHOOD CARIES
12. ECC – RISK ASSESSMENT
13. MANAGEMENT OF ECC
14. RECENT ADVANCES
15. CONCLUSION

 **INTRODUCTION**

**-**Caries in the early stages of life is an unsolved enigma for most of us around the world.

-Despite the fact that it is largely preventable, dental caries is the most common chronic disease of childhood.

-In 1802, an American Physician, Abraham Jacobi, was the first to describe the clinical appearance of early childhood caries, which he observed in one of his own children.

-Dr. Ellis Fass, 1962 – 1st published comprehensive description of caries in infants and termed as “Nursing Bottle Caries”,

-In 1978, American Academy of Pedodontics released “Nursing Bottle Caries”, a joint statement with the American Academy of Pediatrics, to address a severe form of caries associated with bottle usage.

Initial policy recommendations were limited to feeding habits concluding that nursing bottle caries could be avoided if bottle feeding were discontinued soon after the first birthday.

Over the first two decades, however, recognizing that this distinctive clinical preparation was not consistently associated with poor feeding practices and that caries was an infectious disease, AAPD adopted the term “Early Childhood Caries (ECC)” to reflect better multifactorial etiology.

-In 1985, the term “baby bottle tooth decay” was proposed by ‘Healthy Mothers – Healthy Babies’ coalition as an alternative which would be more appropriate for patient acceptance and would focus attention on potential damage of using a nursing bottle.

**In 1994, Conference at the Centres for disease Control and Prevention “Early Childhood Caries”**

-The link between bottle habits and caries was not absolute.

-The finding that sleeping with a bottle of milk or other sweetened beverages does not always cause caries.

-Surveys from China, Thailand and Tanzania where feeding with baby bottles is rare, show high caries rate in primary maxillary incisors, a pattern that is generally assumed to be due to bottle feeding practices.

-Children who are 4-5-years old (bottle use discontinued) develop caries in the maxillary anterior teeth.

-Potential cariogenicity of the most common bottle contains a milk and milk formula – remains unclear.