

Management of Hypoplastic Permanent Teeth

Treating hypoplastic permanent molar teeth often requires multi-disciplinary management (involvement of several dental specialists). Communication is very important with your dentist and other specialists during the planning process. This way you fully understand the potential problems, or long term outcomes before commencing any treatment for your child. The following information is prepared for you and covers the common treatments performed on hypoplastic permanent molar teeth and their potential problems and points you need to be aware of.

In some scenarios, the affected teeth require immediate attention due to symptoms, and that may not allow the dentist to treatment plan thoroughly and a treatment decision may have to be made without prior consultation with other dental specialists. This may compromise the long term dental outcome of your child.



Treatment with Local Anaesthetic may not be feasible

Teeth with defective enamel are usually **highly sensitive to temperature and water**.

Local anaesthetic may not be as effective resulting in pain during treatment. This can lead to dental phobia in your child so sometimes; it is in his/her best interest to be treated under general anaesthetic.

Treatment option 1: Fillings of the affected teeth – Requiring Long Term Maintenance

- These teeth are often sensitive and covering them may reduce sensitivity during eating and brushing.
- The fillings may prevent rapid spread of decay that may lead to the need for extraction.
- Treating teeth with defective tooth structure is extremely difficult because it is difficult to attach fillings well.
- Fillings need to be monitored and repaired regularly because they tend to break more easily. Your child needs to see the dentist regularly to monitor and repair these fillings when needed.
- Sometimes, the tooth breaks away from the filling.
- If your child is still young, we may choose to cover the affected teeth with fillings in the interim before we decide on a plan when your child is older.
- The fillings are generally white plastic filling materials, and although rare, some children may be allergic to these materials.
- The placement of fillings often results in a changed 'bite' and your child may take a few days to weeks to adjust to their new bite.
- The purpose of treatment is to provide a covering over the tooth for the time being, until a decision is made as to what to do with the affected tooth in the long run.
- If the extent of the defect/ decay in the teeth were initially very deep prior to the placement of the filling, sometimes those teeth can still develop dental infection (including abscess, pain or even facial infection). If this happens, the teeth need to be promptly extracted and antibiotics prescribed.
- Your child may need another general anaesthetic visit or more visits to have the teeth removed and may require taking oral antibiotics.

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Treatment option 2: Stainless Steel Crowns to be placed on the affected teeth – Requiring Long Term Maintenance

You have been shown a sample of the stainless steel crowns (if not, please inform us), please also refer to our website for further clinical photographs.

- SSC are silver-coloured caps which are mercury-free, but may contain nickel-chromium in which some individuals are allergic to.
- SSC cover the whole tooth; they are visible when your child laughs or smiles.
- Sticky foods or lollies must be avoided as they can pull the crowns off.
- Your child may have an allergic reaction to the ingredients of the materials
- SSC are not tailor made so the size that fits on your child's tooth may appear bigger than the actual tooth
- The bite of your child will be raised and can create an open bite with the front teeth (if you don't understand, please clarify with our dentists) Phone 93728960
- A lisp may result as the top and bottom front teeth do not meet
- SSC can perforate over time due to normal oral function but usually do not cause any problem to the underlying tooth if it is well cleaned
- When the crown margin of the tooth is exposed due to passive eruption, your child needs to use a small toothbrush to clean the area between the gum and the crown margin to avoid decay
- Very rarely, SSC can come off, please inform your child so it is not swallowed. Keep the crown in a zipped bag or a container with lid and it is recommended that we reinsert it within 1-2 weeks of its dislodgement.
- If the extent of the defect/ decay in the teeth were initially very deep prior to the placement of crown, sometime even after crowning, those teeth can still develop dental infection (including abscess, pain or even facial infection). If this happens, the teeth need to be promptly extracted and antibiotics prescribed.
- Your child may need another general anaesthetic visit or more visits to have the tooth removed and may require taking oral antibiotics.

- Very rarely, usually due to dental crowding, an erupting permanent molar behind where a SSC was placed, may become impacted ("caught") against the crown – the erupting tooth may resolve by itself and may continue to erupt in normal alignment. However if it does not resolve the SSC might need to be removed to allow eruption of the new tooth and be placed back in at a later time. In certain scenarios, orthodontic treatment may be the way to resolve such situation. Every case could present and be managed differently.

Gum Management around the Filling or Stainless Steel Crown if the tooth to be treated is only partially erupted.

- When the tooth is partially erupted and still covered by gum, it is not possible to provide a proper fillings in those circumstances, similarly, crowns may not be able to be placed in an ideal position either.
- In some circumstances, the gum covering the tooth might need to be removed; a laser or a diathermy can be used to remove (cut) the area of gum covering the tooth.
- After the gum is cut, it would result in some pain or swelling of the gum and in very rare occasions, gum infection (requiring antibiotics to be taken).

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Treatment option 3: Extraction of the affected teeth

- Extraction may be considered when:
- The decay is very deep and involving the nerve
- The tooth has a poor long term restorative outcome.
- Please note when a permanent tooth is extracted, it will not grow back.
- A consultation with your orthodontist is highly recommended prior to extracting a permanent tooth because extraction of permanent teeth has implications to the developing bite/occlusion.
- It is important to time the extractions accurately. This increases the chances of the second permanent molar to drift into the extracted tooth position.
- The best time for extraction is generally 9-10 years of age (provided there is no pain or symptoms requiring urgent extraction)

Future Treatment of Hypoplastic Teeth - If they are not extracted

- As these affected teeth have high treatment needs over many years, your child may require another general anaesthetic appointment in the future to perform a second phase of treatment (for example timed extractions of the affected teeth).
- As the quality of these teeth is compromised, decay can spread very fast. It is therefore important to focus on prevention of dental disease by having good oral hygiene habits, fluoride exposure and a healthy diet. Please ask us if you have questions about tooth-friendly food and drinks. The use of Tooth Mousse™ is recommended.
- If the teeth could be maintained till adulthood, full coverage crowns (Gold, Porcelain) will usually be required, and Root Canal Treatment may eventually be required or ultimately the affected tooth may need to be extracted and have replacement dentures, bridges or implants.

