

Pediatric dentistry is a specialized field which has much to offer all children, regardless of age, medical status or developmental skills. For individuals with special needs, it is especially important. There are three areas of pediatric dentistry on which to focus for providing optimal care: 1) preventative issues, 2) routine ongoing management, and 3) treatment for specific dental problems.

Preventative Issues

It is important that caregivers assist and guide a child's home oral hygiene practices. For **infants**, all oral soft tissues (gums, tongue, palate, cheeks) should be wiped with a washcloth or infant device at least twice a day, especially after the last feeding of the day. As soon as the teeth erupt, the teeth should start to be cleaned. The baby should not be given bottles with milk or juices at naptime or bedtime. The bottle or nursing should be stopped before 15 months of age to minimize dental problems. **Toddlers and older children** cannot be expected to be able to clean their own teeth properly until at least seven years old. Brushing should be carried out while the child is on the bed or lying with the head backwards at least twice a day, including tongue and gums. Since children enjoy their own independence, allow them to brush their own teeth (under your guidance) after breakfast and snacks. At bedtime, caregivers will need to brush for them, or at least supervise and inspect the job they have done.

Sugars and sweets should be limited (monitor food for hidden sugars). Healthier snacks and foods are ideal. Regular medical care and immunizations are important for good dental health. In children with CdLS, there is a higher chance of erosion to the teeth caused by stomach acids from reflux (sometimes referred to as gastroesophageal reflux), making adequate medical or surgical treatment critical. In addition to contributing to future dental problems, reflux can also lead to the breakdown of previous dental work.

Ongoing Dental Management

Each child should have routine cleanings and office visits every six months. Along with dental cleanings and exams, fluoride treatments are given. Depending on compliance, sealants (plastic coatings applied to the top surface of the molars to prevent cavities) may be applied, usually around age seven. Mouth props, small devices for the child to bite on and keep the mouth open, can be used in the office and at home if needed. Orthodontics can be done in compliant older children.

Specific recommended products include:

- Brushes with soft bristles, rounded and the correct size for the mouth
- Any pleasant tasting toothpaste that contains fluoride, but used at a minimum
- Flossing devices to be used at bedtime
- Fluoride rinses, gels or solutions (applied with toothbrush or Q-tip) for after brushing
- Timers, a good visual way to help the child brush long enough.

Treatment of Specific Dental Problems

Potential problems involving CdLS can be extensive. They include small jaw development, excessive crowding, absent teeth, small teeth, periodontal gum disease, gingivitis, periodontitis, dental caries (cavities), poor dental hygiene due to inability of the patient to clean teeth on their own, and damage resulting from reflux. Routine evaluations (every six months) and work may be done in the dental office if the child is cooperative. Depending on the child's needs, some dental care may require sedation in a hospital-based setting, preferably with the assistance of a pediatric anesthesiologist.

Grinding of the teeth is also very common in CdLS, and causes flattening of the upper surfaces of the teeth. The cause is unclear. If very severe, mouth guards can be used if the child is compliant, but otherwise there is little treatment available.

All of the above may or may not be necessary for your child, but should be available to you locally. To find the nearest pediatric dentist, contact your local dental society, state university dental school, or the American Academy of Pediatric Dentistry. For any questions or comments, feel free to contact me through the Foundation.

Dr. Clemens is an associate with Cross Keys Dental Associates in Baltimore, Maryland. The Cross Keys practice specializes in pediatric dentistry as well as serving children with special needs.

Dr. Clemens has been serving on the CdLS Scientific Advisory Council Worldwide since 1998.