

## ECC

### ANSWER THE FOLLOWING QUESTIONS

1. Dental caries in deciduous teeth is now referred as:

2. The National Institute of Craniofacial and Dental Research (NICDR) defines two categories for caries in children, these are: Early Childhood Caries and

---

3. ECC is related to the early infection of the oral cavity and

---

4. According to the text, what seems to be the primary source of infection?

---

5. Evidence suggests that ECC has its etiological roots in \_\_\_\_\_ year of a child's life

ACCORDING TO THE INFORMATION GIVEN, COMPLETE THE FORM AND MAKE AN ASSESSMENT FOR THE PATIENT

**ABOUT THE PATIENT:**

- Patient's name: Julio Lopez
- Birth date: February 2<sup>nd</sup> 2011
- 7-year-old patient (male)
- First visit to the dentist
- Patient is in primary school
- 2 brothers
- Patient doesn't have allergies
- Patient doesn't take medication that affects salivary flow
- High consumption of sugary food/drinks
- Hyperactive child

  

- Family lives in rural area
- Socioeconomic status is mid-level
- Young parents, father is employed and mother is the caregiver in charge of the child
- Mother had 2 carious lesions in the past 24 months
- His parents are worried about the color and shape of his teeth
- Mother indicates that patient brushes his teeth three times a day with a fluoridated paste.



Patient's teeth

## Caries Risk Assessment Form (Age >6)

Patient Name:				
Birth Date:		Date:		
Age:		Initials:		
		Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply		
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>		Frequent or prolonged between meal exposures/day <input type="checkbox"/>
III.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
IV.	Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions		Check or Circle the conditions that apply		
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>	Yes (ages 6-14) <input type="checkbox"/>
II.	Chemo/Radiation Therapy	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Drug/Alcohol Abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Clinical Conditions		Check or Circle the conditions that apply		
I.	Cavitated or Non-Cavitated (Incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input type="checkbox"/>	3 or more carious lesions or restorations in last 36 months <input type="checkbox"/>
II.	Teeth Missing Due to Caries in past 36 months	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	Unusual Tooth Morphology that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Interproximal Restorations - 1 or more	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI.	Exposed Root Surfaces Present	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VII.	Restorations with Overhangs and/or Open Margins; Open Contacts with Food Impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VIII.	Dental/Orthodontic Appliances (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IX.	Severe Dry Mouth (Xerostomia)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Overall assessment of dental caries risk:		<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Patient Instructions:				

**WHAT WOULD YOU TALK TO JULIO ABOUT:**

Hazards associated with smoking and use of smokeless tobacco.

Oral Hygiene care

Etiology, consequences, and treatments for periodontal disease.

Nutritional advice