

AIMS, OBJECTIVES AND SCOPE OF PEDIATRIC DENTISTRY.

Definitions:

1. American Academy of Pediatric Dentistry (1985):

Pediatric dentistry is the area of dentistry concerned with the preventive and therapeutic oral health care for children from birth through adolescence. It also includes special care for special patients beyond the age of adolescence who demonstrate mental, physical or emotional problems.

2. American Academy of Pediatric Dentistry(1999):

“Pediatric dentistry is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs”.

3. Shobha Tandon (2001):

Pedodontics Canbe-defined as a science which deals with laying down the foundation of healthy definition and oro-facial complex from the prenatal period through adolescence.

World Wide History of Pedodontics

800-BC	Ancient Egypt	No caries in children's teeth.
1764	Robert Bonon	Father of Pedodontics reiterated the importance of deciduous dentition.
1940		American society for promotion of dentistry for children (ASPDC) changed its name to ASDC.

World Wide History of Pedodontics

- 1984 American Academy of Pedodontics changed its name to American Academy of pediatric Dentistry(AAPD).
- 1999 AAPD gave new definition for Pediatric Dentistry.

Pedodontics in India:

1920 - India's first Dental College
“Calcutta Dental College
and Hospital” started by
Dr.Rafiuddin Ahmed in his
private chamber.

Dr. R.Ahmed, the father of Dentistry in India is
also known as “The grand old Man of Dentistry”.

- The foundation of Pedodontics was laid down in Government Dental College, Amritsar, in 1950.
- In the year 1988, DCI made a rule Pedodontia should be treated as a separate entity.
- After Amritsar Pedodontic is introduced in
K.G.MC. Lucknow in 1967.
Chandigarh in 1978
Bombay in 1982
Manipal in 1985

- Dr.B.R.Vacher, Father of Pedodontics in India.
- In 1982, ISPPD become an affiliate member of IADC.

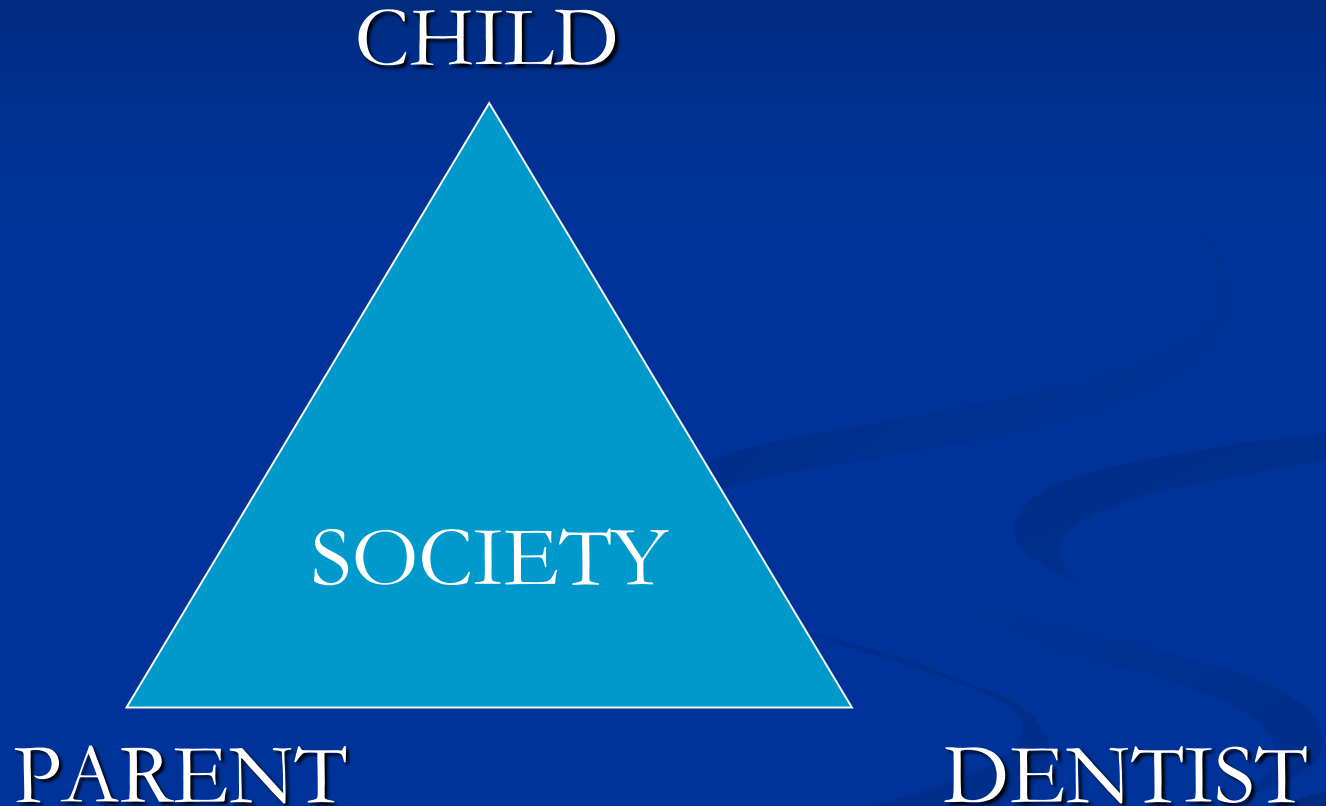
Importance of Primary Teeth

- 1) Maintain good nutrition by permitting the child chew properly
- 2) Involved in speech development
- 3) Helps in eruption of permanent teeth by saving space for them
- 4) A healthy smile can help child feel good about the way they look to others

Specific differences between child and adult patients.

- a. Child is a dynamic person.
- b. Physical, emotional and psychological difference.
- c. Behavior management modalities
- d. Pedodontic treatment triangle (Wright G.Z.1966)

PEDIATRIC DENTISTRY TREATMENT TRIANGLE



Aims:

1. To promote best, physical, psychological, mental and dental health of the child.
2. To recognize, prevent and treat the diseases.
3. Observe and control when necessary the developing dentitions of the child patient.
4. Relief of pain.
5. Enhancement of knowledge of the subjects and improving techniques.

Objectives:

1. Maintain esthetics, functioning and arch integrity of primary dentition by preventing premature loss of primary teeth.
2. Prevention and treatment of dental caries in deciduous and young permanent teeth.
3. Treatment of traumatic injury to deciduous and young permanent teeth.
4. Primary dentition has a less life span.

Objectives:

5. Knowledge of deciduous, mixed and permanent dentition is necessary during treatment.
6. Painless treatment
7. Pharmacologic dosage of drugs are different for child and adults.
8. Child dental health care education to parents.

Scope of Pediatric Dentistry

1. Preventive Dentistry

a. Chairside prevention

- Counseling
 - Parents
 - Patient
 - Diet
- Oral prophylaxis
- Topical fluorides.

b. Home care prevention:

- Fluoridated tooth paste/rinses
- Fluoridated drops or tablets
- Oral hygiene methods.

2. Public Health Dentistry:

- Education and motivation of community.
- Dental health education
- Community water fluoridation.

3. Child psychology and management:

- To understand psychological growth and development of child.
- To assess child's behaviour
- To apply behaviour modification techniques to get co-operation from the child.

4. Clinical Dentistry:

- History taking, diagnosis and treatment planning.
- Radiographs
- Restorative Dentistry
- Cosmetic Dentistry
- Endodontic treatment
- Surgical procedures.
- Prosthetic Dentistry
- Periodontics
- Recall.

5. Preventive and Interceptive Orthodontics:

- a. Preventive measures to monitor arch length integrity.
- b. Correction of developing crossbite and openbite
- c. Habit breaking.
- d. Modification of growth and development of dental arches.
- e. Serial extraction
- f. Appropriate referrals.

6. Special care dentistry:

- a. Handicapped children
- b. Medically compromised children
- c. Hospitalized and chronically ill children
- d. Cleft lip and palate.



CARIOLOGY



COMMUNITY AND PREVENTIVE DENT. •CLINICAL ENTISTRY



PERIODONTICS



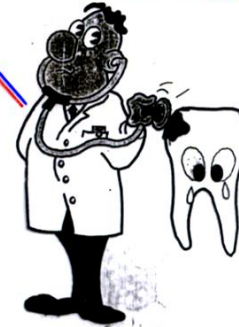
PEDODONTICS



ORTHODONTICS



ORAL SURGERY



ORAL MEDICINE DIAGNOSIS AND RADIOLOGY



PROSTHOENTICS



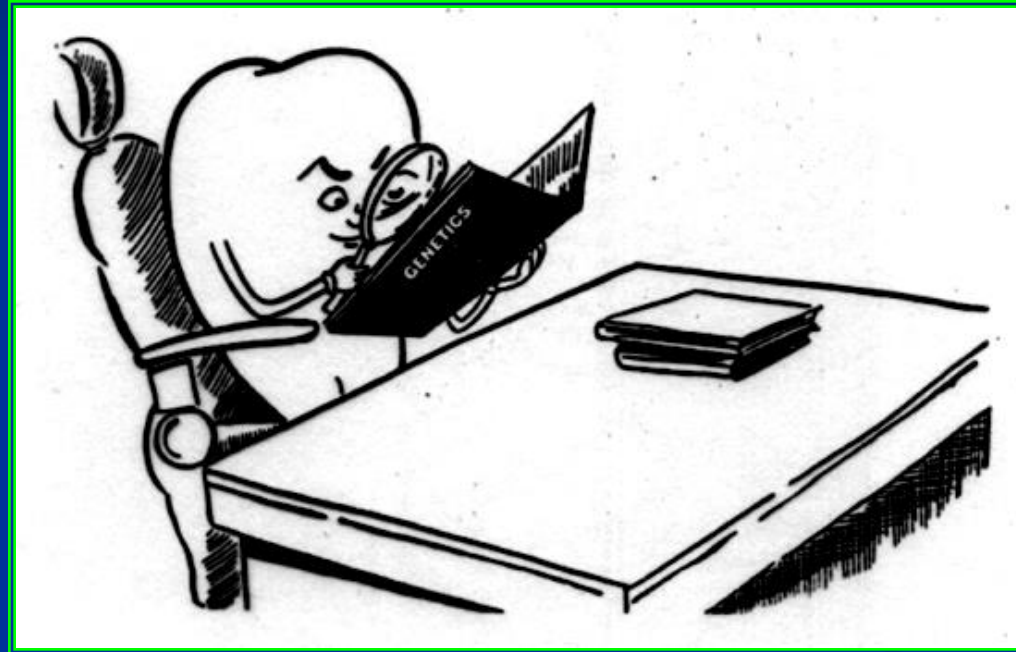
ORAL PATHOLOGY

FUTURE TRENDS IN PEDIATRIC DENTAL EDUCATION AND PRACTICE.

The pediatric dentist will work routinely with the pediatrician, plastic surgeon, ear, nose and throat surgeon, orthodontist, psychologist, social worker, and nutritionist to rehabilitate the most severe craniofacial defects (such cleft palate teams already function in numerous centers.



FUTURE TRENDS IN PEDIATRIC DENTAL EDUCATION AND PRACTICE.



Logically the pedodontist's interest will move into allied areas, such as genetics, all of which serve to broaden the scope of pediatric dentistry from its present status as a basically clinical health science to one involving much more applied research.