Oral pathology in pediatric patients: Common conditions and challenges.

Elizabeth Bilodeau*

Department of Oral Pathology, The London Hospital Medical College, Armenia

Introduction

Paediatric oral pathology encompasses the diagnosis and management of various diseases affecting the oral cavity in children. While some conditions are similar to those seen in adults, pediatric patients present unique challenges due to their developing anatomy, physiological differences, and the need for age-appropriate approaches. Understanding the common conditions and challenges in pediatric oral pathology is crucial for providing effective care to these young patients [1].

Common Conditions

Dental Caries

Dental caries, or tooth decay, is a prevalent oral health issue in pediatric patients. Factors such as improper oral hygiene, high sugar intake, and frequent snacking contribute to the development of caries. Pediatric patients may present with tooth sensitivity, pain, cavities, and discoloration. Early detection and intervention are essential to prevent further damage and preserve the integrity of the affected teeth.

Malocclusions

Malocclusions refer to abnormal alignment or positioning of the teeth and jaws. Pediatric patients may present with conditions such as crowding, crossbite, open bite, or overjet. Malocclusions can lead to functional and aesthetic problems, including difficulty in chewing, speech issues, and reduced self-esteem. Early orthodontic evaluation and intervention are vital to guide proper dental and facial development.

Oral Infections

Pediatric patients are susceptible to various oral infections, including viral, bacterial, and fungal infections. Common infections include herpetic stomatitis (caused by herpes simplex virus), thrush (oral candidiasis), and streptococcal pharyngitis. These infections can cause discomfort, pain, ulcers, and difficulty in eating and drinking. Prompt diagnosis and appropriate antimicrobial or antifungal therapy are necessary for managing these infections effectively.

Oral Trauma

Children are prone to oral trauma due to their active lifestyles and developing motor skills. Traumatic injuries to the oral cavity may include dental fractures, avulsions (knockedout teeth), lacerations, and soft tissue injuries. Immediate assessment, proper wound care, and, if necessary, dental and surgical interventions are crucial for promoting healing and preventing long-term complications [2].

Challenges

Patient Cooperation

Pediatric patients may exhibit fear, anxiety, or difficulty in cooperating during oral examinations and procedures. Dentists and oral pathologists must employ age-appropriate communication techniques, behavioral management strategies, and a gentle approach to establish trust and ensure patient comfort. Building a positive and supportive environment is key to successful diagnosis and treatment.

Anatomical and Physiological Differences

Pediatric patients have unique anatomical and physiological differences compared to adults. Their dental structures, eruption patterns, and bone development are still evolving. Dentists and oral pathologists must be familiar with age-related variations and normal developmental milestones to differentiate between pathological conditions and physiological changes [3].

Limited Diagnostic Techniques

Certain diagnostic techniques commonly used in adults, such as radiographic imaging or invasive biopsies, may pose challenges in pediatric patients. Dentists must consider the child's age, cooperation level, and radiation exposure concerns when selecting diagnostic modalities. Non-invasive alternatives like visual examination, digital imaging, and less invasive sampling techniques should be considered [4].

Age-Appropriate Treatment Approaches

Treatment approaches in pediatric oral pathology must consider the child's age, growth, and development. Dentists may need to modify techniques, dosages, and materials to accommodate the specific needs of pediatric patients. Behavioral management techniques, sedation, or general anesthesia may be necessary for complex or invasive procedures.

Multidisciplinary Collaboration

Pediatric oral pathology often requires collaboration with other healthcare professionals, such as pediatricians, orthodontists, speech therapists, and pediatric surgeons. A multidisciplinary approach ensures comprehensive evaluation, accurate diagnosis, and appropriate management of complex cases, taking into account the child's overall health and well-being [5].

*Correspondence to: Elizabeth Bilodeau, Department of Oral Pathology, The London Hospital Medical College, Armenia. E-mail: ElizabethB67@A.com

Received: 24-Jun-2023, Manuscript No. AAOMT-23-105139; Editor assigned: 28-Jun-2023, PreQC No. AAOMT-23-105139(PQ); Reviewed: 11-Jul-2023, QC No. AAOMT-23-105139; Revised: 17-Jul-2023, Manuscript No. AAOMT-23-105139(R); Published: 21-Jul-2023, DOI: 10.35841/aaomt - 6.4.156

Citation: Bilodeau E. Oral pathology in pediatric patients: Common conditions and challenges. J Oral Med Surg. 2023;6(4):156

Conclusion

Pediatric oral pathology involves the diagnosis and management of various conditions affecting the oral cavity in children. Dentists and oral pathologists must be well-versed in the common conditions and challenges specific to pediatric patients. By providing age-appropriate care, utilizing effective communication strategies, and collaborating with other healthcare professionals, they can optimize the oral health outcomes of pediatric patients and contribute to their overall well-being.

References

1. Patel K, Gerber B, Bailey K, et al. Juvenile idiopathic arthritis of the temporomandibular joint–no longer the forgotten joint. Br J Oral Maxillofac Surg. 2022;60(3):247-56.

- 2. Hom J, Marwaha S, Postolova A, et al. A patient with sjogren's syndrome and subsequent diagnosis of inclusion body myositis and light-chain amyloidosis. J Gen Intern Med. 2019;34:1058-62.
- 3. Trentesaux T, Rousset MM, Dehaynin E, et al. 15-year follow-up of a case of amelogenesis imperfecta: importance of psychological aspect and impact on quality of life. Eur Arch Paediatr Dent. 2013;14:47-51.
- 4. Lal C, White DR, Joseph JE, et al. Sleep-disordered breathing in Down syndrome. Chest. 2015;147(2):570-9.
- 5. Kokkonen J, Karttunen TJ, Niinimäki A. Lymphonodular hyperplasia as a sign of food allergy in children. J Pediatr Gastroenterol Nutr. 1999;29(1):57-62.