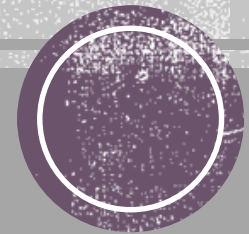


Anamnesis and Clinical Examination in Pediatric Dentistry. Observation Form

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Anamnesis

- For a pertinent and concise evaluation of the clinical status, it is necessary to obtain information regarding the general condition of the patient;
- The anamnesis has two distinct aspects: **general** and **speciality** anamnesis;
- The general anamnesis is addressed either to the parents or the persons accompanying it, or to the child and must precede any therapeutic act even when the parents claim the urgency or pain for which they have presented to the doctor



Anamnesis – important elements in case history

▪ **Personal data**

- · Full name
- · ID number
- · Age
- · Address

▪ **Cause for present visit**

- · Acute symptoms
- · Complaints
- · Control

▪ **Family history**

- · Parents occupation
- · Social status
- · Number of siblings
- · Attendance in day-care institutions
- · Inherited diseases

General medical history

- Pregnancy
 - o duration
 - o mother's health during pregnancy
 - o medication
- Delivery
 - o complications
 - o breech presentation
 - o birth weight
 - o birth complications
- Neonatal period
 - o birth length
 - o birth weight
 - o icterus
 - o respiratory problems
 - o feeding problems
 - o deformations
 - o neonatal teeth



Anamnesis – important elements in case history

■ General medical history

- Child's health during first year of life
 - o somatic development
 - o psychomotor development
- · Childhood diseases and previous medical treatment
- · Medication, including adverse reactions to drugs
- · Traumatic injuries
- · Disorders of the circulatory, respiratory, digestive, or nervous system
- · Sleeping disturbances

Dental history

- Pain or other symptoms from the jaws and teeth
- Functional limitations
 - o chewing
 - o biting
 - o swallowing
 - o talking
- TMJ symptoms
- Self-assessment of teeth and jaws
- Past dental care, including the child's reactions
 - Oral habits
 - Oral hygiene habits
 - Food habit patterns (dietary history)
 - Past and present fluoride therapy



Anamnesis – chief complaint

- pain;
- dental caries treatment;
- eruption disorders;
- functional disorders (physiognomic, phonetic, masticatory);
- trauma;
- the presence of abnormal formations;
- eruption disorders.



Anamnesis – General history

- The purpose of the family history is to provide relevant information about the social background of the child and, most important, the family.
- Such factors as the parents' occupations, the number of children in the family, and the child's attendance at day-care institutions and schools, are important in selecting a realistic plan for preventive and restorative dental care.
- The family history should also include the occurrence of inherited diseases, oral or general.
- The general medical history includes information about pregnancy, delivery, the neonatal period, and early childhood. It should review hospitalizations, illnesses, traumatic injuries, and previous and current medical treatment. Information about infectious diseases (e.g., childhood diseases, otitis media), immunizations, allergies (including adverse reaction to drugs), and sleeping disturbances should be obtained.



Anamnesis – Dental history

- The child's past experience with dental services should be reviewed as well as the present dental problem(s).
- Factors of importance for the future oral health should be identified as part of the dental history, including day-to-day oral hygiene, dietary habits, and sucking habits.
- The history also aims at identifying etiologic explanations for such unusual conditions as early childhood caries, rampant caries, erosion, atypical tooth surface loss, gingival recession, and periodontitis noted during the initial, brief inspection.

Dental history		
Professional care	Attendance pattern Previous treatment LA/GA/sedation Previous cooperation	Regular or irregular attender Prevention, restorations, extractions Any problems encountered
Home care	Diet Oral hygiene Fluoride	Bottle/breast feeding, snacks, drinks Frequency, type of brush and paste, assistance Fluoridated water, drops, tablets, mouth rinses
Habits	Sucking/biting Parafunction	Dummy, digit-sucking, nail-biting Bruxism



Extraoral examination

At **inspection** we will observe:

- face shape (oval, round, triangular, square);
- symmetry or asymmetry, specifying the deviation, where appropriate;
- facial grooves, position of lips;
- face symmetry and proportions;
- position of the stomion (high, low);
- lip ratio (positive or reverse).

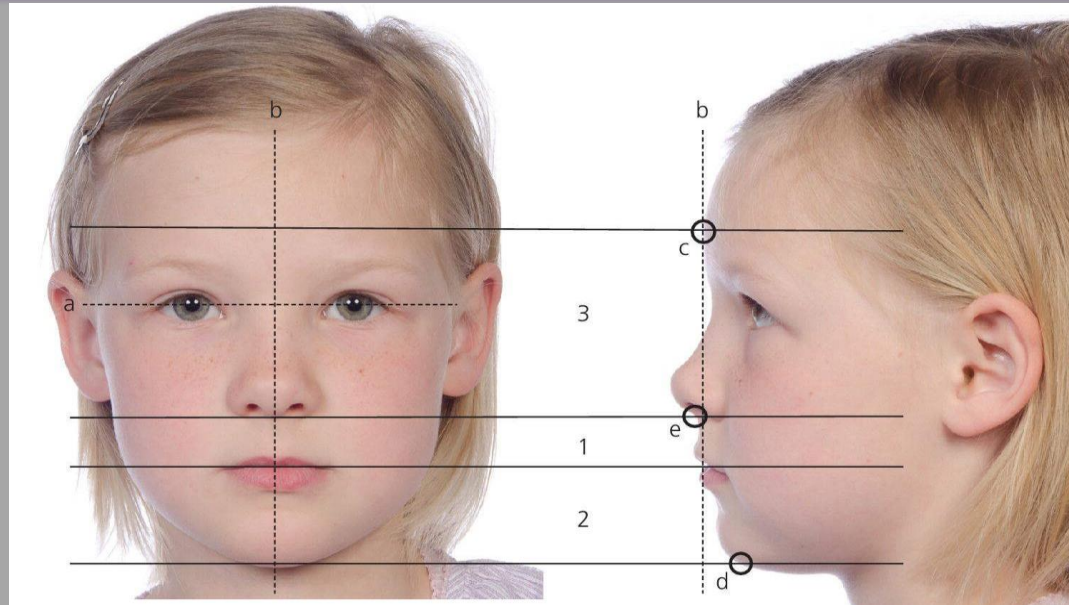
At **palpation** we will follow:

- the bone contours with the indication of any abnormal bumps or formations;
- control of nervous emergence points.

It is described:

- size;
- form;
- consistency;
- adhesion;
- its sensitivity.





Assessment of the facial symmetry and proportions.

The interpupillar line (a) defines the horizontal reference line. A perpendicular line (b) through the midpoint of the interpupillar line defines the midfacial line. The prominence of the forehead (glabella) (c) and the lower point of the chin (menton) (d) defines the total face height, which is divided into the upper face height and the lower face height, by a line plane tangent to the lower border of the nose (subnasal point) (e). The lower face height is divided into the upper lip and the lower lip by the horizontal contact line between the lips (stomion).



Intraoral examination

- The oral cavity should be examined in a systematic way in order to avoid omission of important conditions.
- The soft oral tissues are examined before the hard dental tissues. This part of the examination should also include an assessment of the tonsils (size and inflammation)
- During examination of the **oral mucosa**, which may include palpation and inspection, ulcerations, changes in color of surface, swellings, or fistulae are noted. When examining alveolar processes special attention should be given to any minor swellings or retraction of the gingival margin,
- The oral mucosa should be examined—being wiped off if necessary—starting with the inside of the lips and continuing to the mucosa on the inside of the cheeks, including the upper and lower alveolar sulci. The palate is inspected using a mirror. The mucosa of the tongue and the floor of the mouth are examined after careful retraction of the tongue.
- The presence and attachment of frenulae should be examined with special emphasis on the possible complicating effects of high insertion of such frenulae on the periodontal tissues



Intraoral examination

It starts with specifying the type of the dentition: temporary, mixed, permanent, followed by the examination of dental arches.

The dental examination reveals:

- the developmental characteristics of the dentition
- any acquired injury or disease of the dentition.

The developmental characteristics include the number and types of erupted teeth, which has to be related to the chronologic age of the child.



Intraoral examination

In the observation form are noted the existing dental lesions (occlusal, proximal cavities), as well as possible pulp and pulpo-periodontal complications.

PLAN DE TRAITEMENT

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28

55	54	53	52	51	61	62	63	64	65
85	84	83	82	81	71	72	73	74	75

48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38



Bibliography

- Elisabeta Bratu, Florica Glăvan (coord.) – Practica Pedodontică, Ed. Orizonturi Universitare, Timișoara, 2005
- Paul S. Casamassimo DDS MS, Henry W. Fields Jr. DDS MS MSD, Dennis J. McTigue DDS MS, Arthur Nowak DMD, Pediatric Dentistry: Infancy through Adolescence, 5e ISBN-10: 0323085466 | ISBN-13: 978-0323085465
- 5. Angus C. Cameron BDS (Hons) MDS (Syd) FDSRCS(Eng) FRACDS FICD, Handbook of Pediatric Dentistry, 4e, ISBN-10: 0723436959 | ISBN-13: 978-0723436959

