

Taking Care of Preemie Teeth

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Enamel Dysplasia

Weaker and discolored enamel due to illnesses that limit nutrient uptake during infancy such as Necrotizing Enterocolitis. NEC (inflammation of the intestine) creates difficulty absorbing calcium and other nutrients, and may cause diarrhea. Bronchopulmonary dysplasia of the



lungs (due to treatment from a CPAP or ventilator) makes babies work extra hard to breathe and have less energy to feed. This leads to oral aversions, and therefore poor nutritional uptake and poor weight gain. Teeth with enamel dysplasia are more prone to cavities.

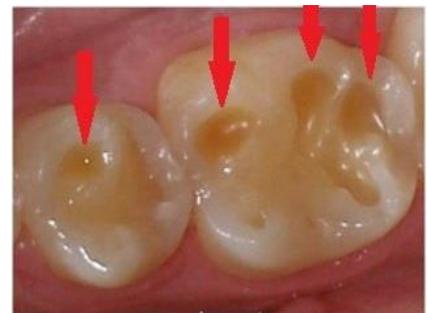
Palatal groove

A narrow groove in the hard palate (roof of the mouth) caused by intubation in the NICU. The longer the intubation, the more likely the groove will develop. Complications include crowding, poor positioning of the teeth, and sucking or speech problems. Orthodontic intervention and speech therapy can be helpful in the future.



Enamel Erosion from GERD

craters in the molars caused by the reflux of stomach acids through the lower esophageal sphincter (LES) upward to the oral cavity. This loss of protective enamel can quickly lead to cavities. The most common cause of GERD in preemies are immature muscles and chronic lung disease. The muscles for breathing need to work extra hard and can pull on the top of the stomach, stretching the sphincter open. Stomach acids can cause severe pain in the esophagus, and refusal to eat. Severe GERD may cause stomach contents to spill into the lungs causing choking, respiratory infections, apnea, and poor weight gain. GERD is usually outgrown after age 1. Keeping child in a more upright position is helpful.



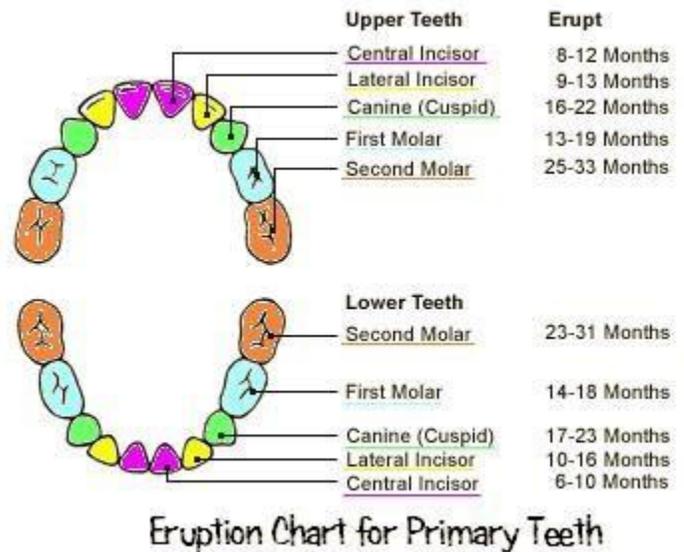
Stained, Yellow teeth

caused by hyperbilirubinemia (high levels of bilirubin), seen in 80% of premature babies. Bilirubin is produced by the normal breakdown of red blood cells, but a preemie's liver is not developed enough to get rid of the excess bilirubin. The result is jaundice, a yellow discoloration of the skin, eyes, and developing teeth. The stains on the teeth cannot be removed, but they usually do not occur on the permanent teeth.



Delayed Tooth Eruption

a common finding in preemies. For full-term babies, the first tooth usually appears around 7 months old. Premature babies may get their first tooth around their first birthday or later.



Gingivitis and Periodontal Disease

red, inflamed gums (gingivitis) and periodontal disease (chronic bacterial infection) in premature babies are more common due to GERD, oral aversions, malocclusion, and sensory issues (which leads to difficulty brushing/flossing, and eating a balanced variety of foods). Children with cerebral palsy (associated with prematurity) cannot coordinate facial muscles to chew or swallow properly, and tend to pouch food for long periods of time.



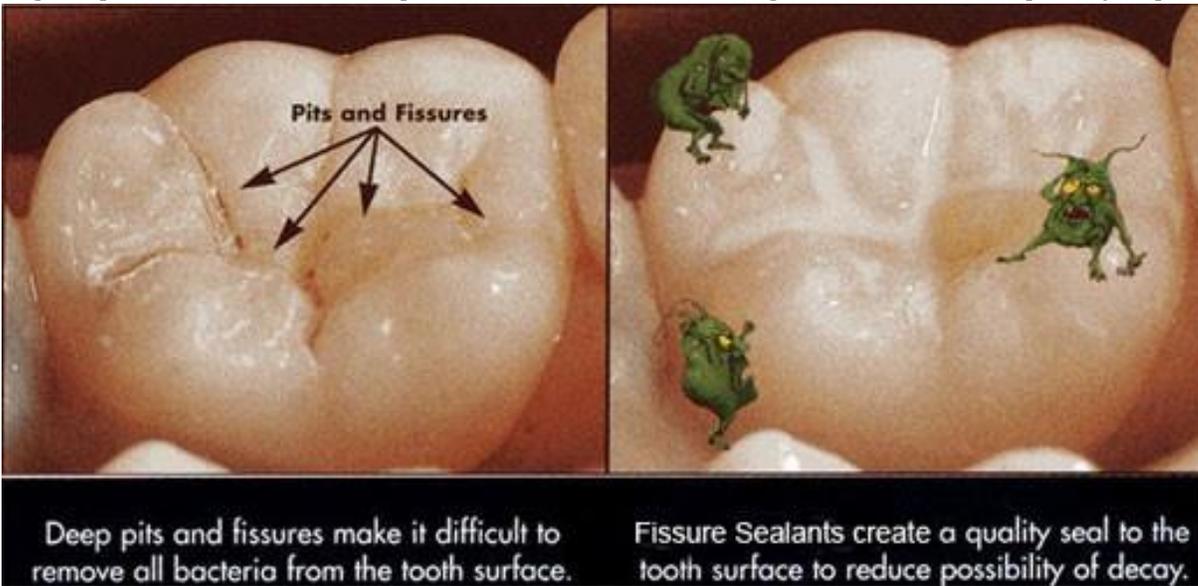
Crowding and Crossbite

are more common in children with CP, causing mouth breathing and difficulties in biting and chewing. Children with CP or other developmental delays will need close supervision with daily oral hygiene at home and regular dental cleaning visits. These children may also be at increased risk for dental trauma due to lack of motor control and the occurrence of seizures.



Sealants

a great preventive measure. Keeps food and bacteria out of the grooves of molars. Especially important in teeth with



enamel dysplasia or erosion from GERD.

Tip for Parents

Medications for infections, chronic respiratory issues (asthma), GERD, etc. can contain a lot of sugar. Rinsing with water after taking medications can help your child reduce his risk for cavities.