INDIAN JOURNAL OF DENTAL ADVANCEMENTS

Journal homepage: www.nacd.in

CASE REPORT

Dental Neglect

Rajeshwari R[1], Rajender Reddy[2], Manjula M[3], Srilakshmi[4]

Dept. of Pedodontics Preventive Dentistry, Kamineni Institute of Dental Sciences, Narketpally.

Senior Lecturer[1]
Professor & HOD[2]
Professor[3&4]

Article Info
Received: 10th October, 2009
Review Completed: 15th November, 2009
Accepted: 2nd December, 2009
Available Online: 18th April, 2010
© **NAD, 2010** - All rights reserved

Abstract:

Abuse and neglect against children is a public health problems need to be tackled with empathy & patience. It becomes ethical duty of attending dentist to report the abuse or neglect case as there may be lethal consequences if the child abuse is not prevented or managed in time. Dentist should be aware of the warning signs, recognizing what to consider as abuse or dental neglect and know how to deal with the situation. This is a case report of dental neglect with emphasis placed on an appropriate protocol to follow in dental practice to best treat and protect children.

Key words: ***Dental Neglect,Abuse,Indian scenario.***

INTRODUCTION

Child abuse and neglect is a major public health issue now a day's which needs a foremost attention of health care professional's. Many preventable conditions and deficiency disorders remain widely prevalent among children.[1] Neglect can be defined "as the persistent failure to meet a child's basic physical or psychological needs likely to result in the serious impairment of the child's health or development". Neglect may be physical / or emotional. Dental neglect is the willful failure by a parent or guardian to seek and obtain treatment for dental problem which cause pain, infection or interfere with adequate function. [2] Neglect occurs in 55% of child abuse cases.[3] Dental neglect may occur in isolation or may be an indicator of a wider picture of neglect or abuse.

EFFECTS OF DENTAL NEGLECT

Dental neglect can have long lasting impact on Oral health:[4, 5]

- Severe pain.
- Severe acute & chronic infection and damage to underlying permanent teeth.

General health:[4, 6]

- Reduction in body weight, growth and quality of life.
- Loss of sleep.
- Time off school and interference with playing and socialization.

Psychological Health:[7]

- Increased risk for psychiatric problems.

Email for correspondence:
kaminedir@yahoo.com

- Disorganized attachment style associated with number of developmental problems, including dissociative symptoms, anxiety, depressive & acting out symptoms.
- Abnormal social – emotional development.

CASE REPORT

A family of two children aged 6 years & 4 Years were brought to Dept of Pedodontia, Kamineni Institute of Dental Sciences, Narketpally with the chief complaint of pain in teeth. The eldest child was a previous patient reported with tooth abscess in relation to 75 a year ago. Emergency access cavity was opened and kept under antibiotic therapy. She failed to complete the treatment, then. Repeated antibiotic therapy was given by her parents for the same complaint throughout this year. On this occasion, both the children were presented with dental caries and poor oral hygiene. The younger one had extensive caries than elder child (Fig 2 and 4)

History revealed that both parents were working and children were left with care taker. Diet history revealed that children had intermittent snacking habit. The younger child was not started with solid food yet and she was taking only milk day and night. Over all stature / built up was short and thin (Fig 1), with delay in developmental mile stones. Child was exhibiting extreme negative behavior (Fig 3) in clinic.

Depending upon the reported symptoms[4,9] and adverse events such as previous attendance with tooth ache, episodes of severe infection, repeated antibiotic treatment in spite of parental awareness, erratic food habits, lack of direct supervision of working parents lead to diagnosis of dental neglect.

As parents are well educated, depending upon the level of concern, following policy document[4] on dental neglect, preventive single agency intervention[4, 8] was done. Parents were explained about clinical findings, treatment needed and expectation of attendance, advised on changes needed in diet, fluoride use and oral hygiene practice. Parents offered choice of appointment time. In spite of this counseling they didn't keep up the next appointment. On repeated phone calls mother of the children showed no interested for treatment saying that the deciduous teeth would fall off. She was more concerned about slow growth of the younger child. Dental hygienist was sent to the house of the child and explained about possible impact of dental neglect on the overall well being of the child. The child is referred to dietitian and pediatrician for further evaluation. The parents agreed for the treatment and now they attend for regular dental care (fig. 5)

DISCUSSION

Although dental caries is a preventable disease, its presence *per se*, even in children with extremely high caries can't be regarded as dental neglect. Many factors like individual susceptibility, type of previous dental care, parents awareness, access to dental services and treatment, regional and social inequalities, children competence to consent to or refuse dental treatment must be considered before coming to the diagnosis of dental neglect.[4] Severe untreated dental caries which is obvious to a lay person or other health professional concern and failure of parents to respond to offers of acceptable and appropriate treatment are of particular concern.

MANAGEMENT OF DENTAL NEGLECT

When dental neglect has been recognized, it is essential to remember that the welfare of child is the paramount consideration. The primary aim of intervention is not to blame the family, but to ensure that children receive the support needed. Three stages of intervention are recommended according to level of concern.[4, 8]

(i) Preventive dental team & management.

(ii) Preventive multiagency management.

(iii) Child protection referral.

(i) Preventive dental team approach:

- Raise concerns with parents.
- Explain what changes are required.
- Offer support.
- Keep accurate records.
- Continue to liaise with parents / care taker.

(ii) Preventive multiagency management:

- Liaise with other professionals, like general practitioner, health worker etc agree a joint plan of action, review at agreed intervals.

(iii) Child protection referral: if the situation is too complex and deteriorating child protection referral should be done.

Indian scenario:[10]

- Child line : 1098
- National commission of child protection
- Child & women welfare ministry.
- Local authorities:

  Police

  District Office

  Mandal office

  Gramapanchayat office

- NGO's like: cry, etc.

SUMMARY & CONCLUSION

Dentist has a moral duty to document and report the child abuse and neglect as it may lead to the serious consequences if not interfered. The dentists' attitude in reporting the dental neglect is worrisome in India due to uncertainty about the diagnosis & fear of litigation. There is a need for further information, research to establish diagnostic criteria for dental neglect and training at all levels of dental profession in recognition and reporting of abuse and neglect.

REFERENCES:

1. Gupta DK. Child Abuse: an Ongoing Stigma for Civilized Society. J Indian Assoc Pediatric Society2007;**12(2)**: 63-64.
2. American Academy of Pediatric Committee on Child Abuse and Neglect. Guide line On Oral and Dental Aspects of Child Abuse and Neglect. Pediatric Dent 2005-2006; **27(7)**: 64-67.
3. Ravel. Dental and Orofacial Aspects of Child Abuse. Pediatric Dental Health Hand Book.
4. Jenny C Harris, Richarh C Balmer and Peter D. British Society of Pediatric Dentistry: A Policy On Dental Neglect In Children. Bspd, Iapd, 2009, Blackwell publishing ltd
5. Low W, Tan S, Schwartz S. The Effect Of Severe Caries On The Quality Of Life In Young Children. Pediatr Dent 1999;**21**;325-326.
6. Acs G, Lodolins G, Kaminsky S, Cineros G. Effect of Nursing Caries on Body Weight in a Pediatric Population. Pediatric Dent 1992;14:302-305.
7. Child Abuse: From Wikipedia, The Free Encyclopedia
8. Child protection and the dental team ;(http// www.cpdt.org.uk/tab03/3-6-0-0.htm)
9. E. Nuzzolesc, M M Lepore, F Montagna, V Marcario, S De Rosa, B.Solarino And G Di Vella. Child Abuse And Dental Neglect : The Dental Teams Role In Identification And Prevention. International Jouranal Of Dental Hygiene.vol **7(2)**, 96-101.
10. Child Rights Hand Book; Gov Of India Published for teachers.
11. Bankole OO, Denloye OO, Adeyemi AT. Child Abuse and Dentistry: A Study Knowledge and Attitudes Among Nigerian Dentists. Afr J Med Sci.2008 Jun; **37(2)**:125-34.
12. Trilby Coolidge, Masahiro Hemia, Elissa k Johnson and Philip Weinstein .The Dental Neglect Scale In Adolescents. BMC Oral Health. 2009, **9** (2).

Fig.1 Younger child showing thin built

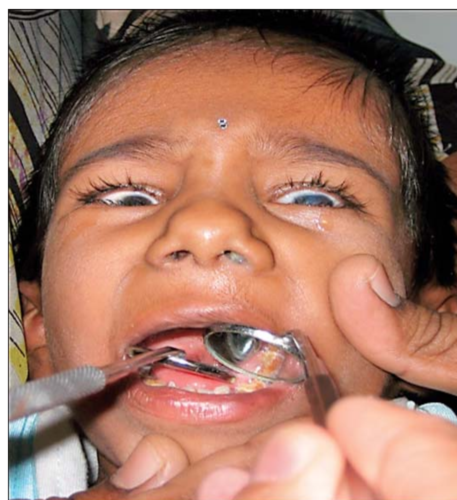

Fig. 3 Fearful younger child showing extreme negative behavior

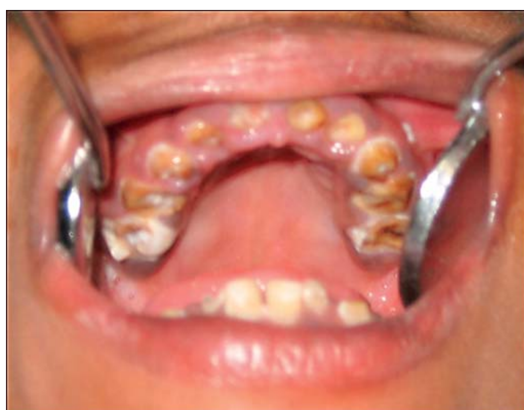

Fig. 2 Intra oral view of younger child with severe early childhood caries

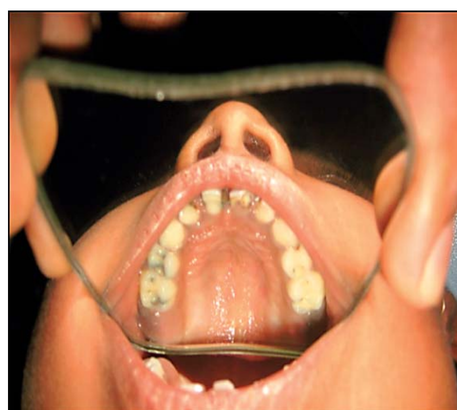

Fig.4 Intraoral view of elder child with multiple carious lesions

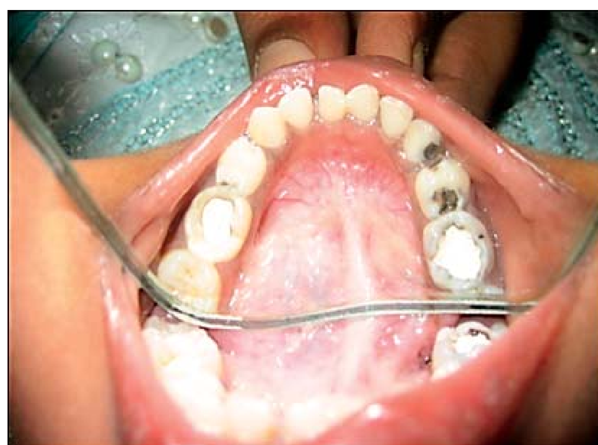

Fig. 5 On-going treatment of elder child after single agency preventive management of dental neglect