



DENTURE FOR PRESCHOOL CHILDREN

Drg. Eko Sri Yuni Astuti, Sp.KGA
Bagian IKGA Fakultas Kedokteran Gigi
Universitas Mahasaraswati Denpasar



ABSTRACT

Dentures are commonly used in adults, but will not be common when used by preschool children. Preschool children are children under 6 years old. Their psychological and the growth & development process are different from adults. The aim of this study was to determine the selection of dentures design for preschool children. Comfortable and safety as well as considerations on growth and development are factors in dentures design for preschool children.

Keyword: denture, preschool children

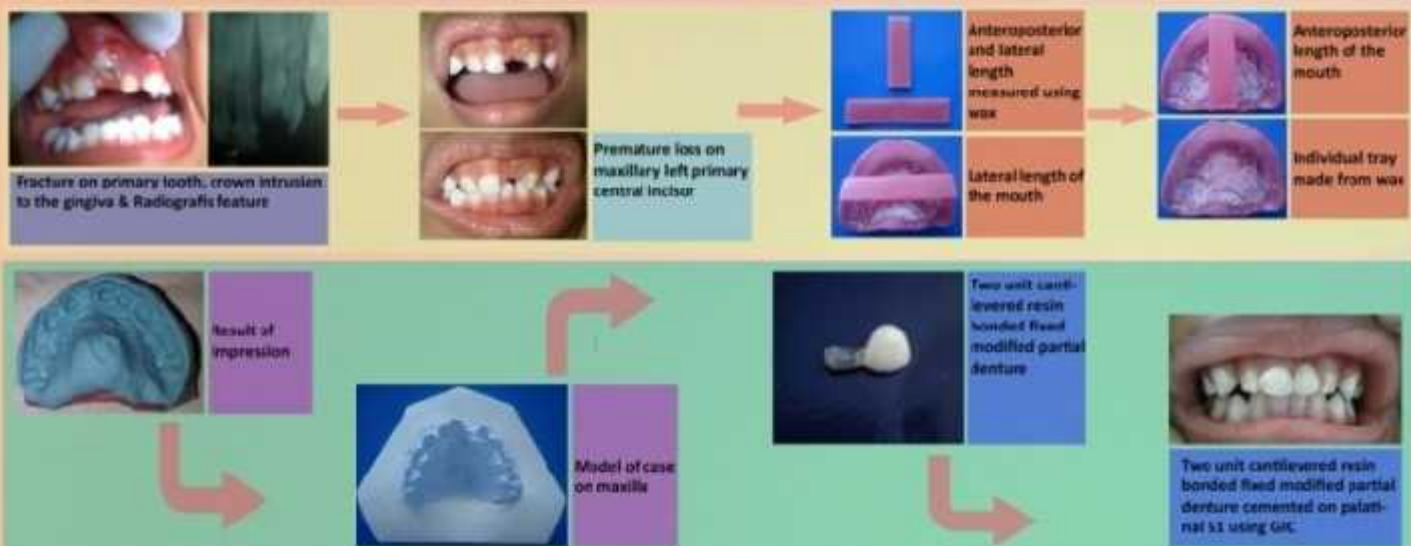
INTRODUCTION

A 3,5 years old girl came to Mahasarawati Dental Hospital with trauma on maxillary left primary central incisor (51), her tooth can not be treated and had to be extracted. Premature loss occurred on her, this case needed treatment immediately. Changes in dental arch length & occlusion and misarticulation in speech, physiological trauma also if no any treatment.

Preschool children is children in 3 until under 6 years old, they have specific psychological, the peak of definite fears is reached at 4 years of age. There is a gradual decline in the earliest fear, such as fear of falling, of noise, and of strangers from 4 to 6 years old. Dentist became a stranger for children at that age, so sometimes they reject the treatment.

Two unit cantilevered resin bonded fixed modified was design that be chosen for partial denture in this case and cemented on maxillary right primary central incisor (51). It is simple design, easy & quick in insertion. Save for gingival caused nothing sharp in part of denture and good in self cleansing.

MANAGEMENT OF THE CASE



DISCUSSION

Premature loss in children especially preschool children often occurred in various caused. It may lead to certain specific effects, such as :

1. Changes in dental arch length and occlusion, improper management or not any treatment of this problem can lead to closure of space and malpositioning of succedaneous teeth in anterior segment of dental arch.
 2. Missing incisors can interfere with correct articulation of the consonant sounds, especially (s),(z),(v),(f).
 3. Development of deleterious oral habit, premature loss of maxillary primary central incisor may invite exploration by the tongue of space that be created. If this behavior persist after eruption of succedaneous teeth may lead to malpositioning of the teeth due to the exercise pressure by the tongue.
 4. Physiological trauma premature loss of primary teeth, especially the anterior teeth is often the cause of considerable embarrassment to children, particularly girls. If they got unkind remarks from their friends or relatives, it may lead they to develop feeling of inadequacy regarding their personal appearance.
- Dental treatment on children, especially preschool children should be quick because they would reject the treatment if the dentist took a long time in the treatment.

Two unit cantilevered resin bonded fixed modified partial denture design was chosen for this case and cemented on maxillary right primary central incisor (51), considerable eruption of the permanent teeth had to be taken. The age of lost of maxillary primary central incisor is 7 years old, meanwhile primary lateral incisor is 8 years old. So two unit cantilevered resin bonded fixed modified partial denture should be cemented on 51, it was conservative and clinically retentive denture in the short to medium term.

The design of denture was save enough for gingival because nothing sharp in part of denture and good in self cleaning, needed short time and so easy and quick in insertion.



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POSTER PRESENTATION SPEAKER

in

1st MEDAN INPRO 2012

(MEDAN INTERNATIONAL PROSTHODONTIC SCIENTIFIC MEETING)

August 30 - September 1, 2012

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FAKULTAS KEDOKTERAN GIGI
UNIVERSITAS MAHASARASWATI DENPASAR

Jalan Kamboja 11 A Kreneng – Denpasar 80233

Telp. (0361) 7424079, fax. 261278

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NIP : 826 692 187
Pangkat / Golongan : Pembina / IV a
Jabatan Fungsional : Lektor

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(Drs. A. A. Pi. Agung, M.Si.)
NIP. 19560923 198602 1 001

A/n Dekan Fakultas Kedokteran Gigi
Universitas Mahasaraswati
Wakil Dekan I



(Dwis Syahmiel, Drg., M.Kes., Sp. Perio)
NIP. 19600413 199203 1 001