

Especialização em

DIFICULDADES ALIMENTARES NEOPEDIÁTRICAS

2023/2024

**UC 2 – ABORDAGEM INTERDISCIPLINAR NAS
PERTURBAÇÕES ALIMENTARES PEDIÁTRICAS**

Módulo 7: Medicina dentária e higiene oral no bebé e na criança

Docente: Dr^a Joana Frois

joanafroismd@gmail.com

29 de Outubro de 2023

First Dental Visit: Age Reasons Oral Health Status and Dental Treatment Needs among Children Aged 1 Month to 14 Years

Neha Padung¹, Sukhdeep Singh¹, Neha Awasthi¹



Odontopediatria



Perinatal and Infant Oral Health Care

Latest Revision
2021

How to Cite: American Academy of Pediatric Dentistry. Perinatal and infant oral health care. The Reference Manual of Pediatric Dentistry. Chicago, IL: American Academy of Pediatric Dentistry; 2022:277-81.

Review > Braz Oral Res. 2022 Oct 10:36:e113. doi: 10.1590/1807-3107bor-2022.vol36.0113. eCollection 2022.

Impact of the first thousand days of life on dental caries through the life course: a transdisciplinary approach

Jenny Abanto ¹, Luciana Butini Oliveira ², Saul Martins Paiva ³, Carol Guarnizo-Herreño ⁴, Fabio Correia Sampaio ⁵, Marcelo Bónecker ⁶

Saúde oral



Lábios



Dentes



Ossos

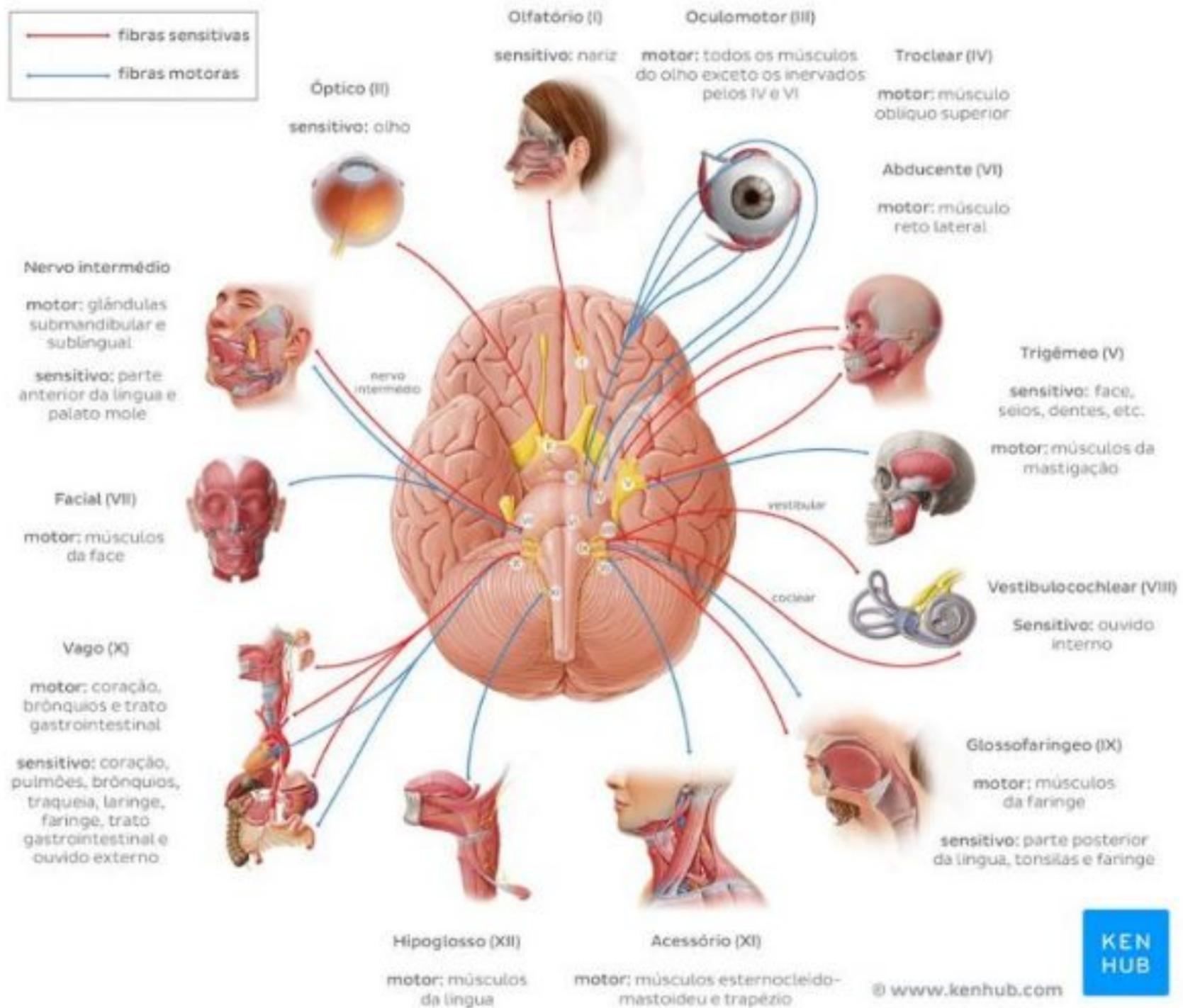


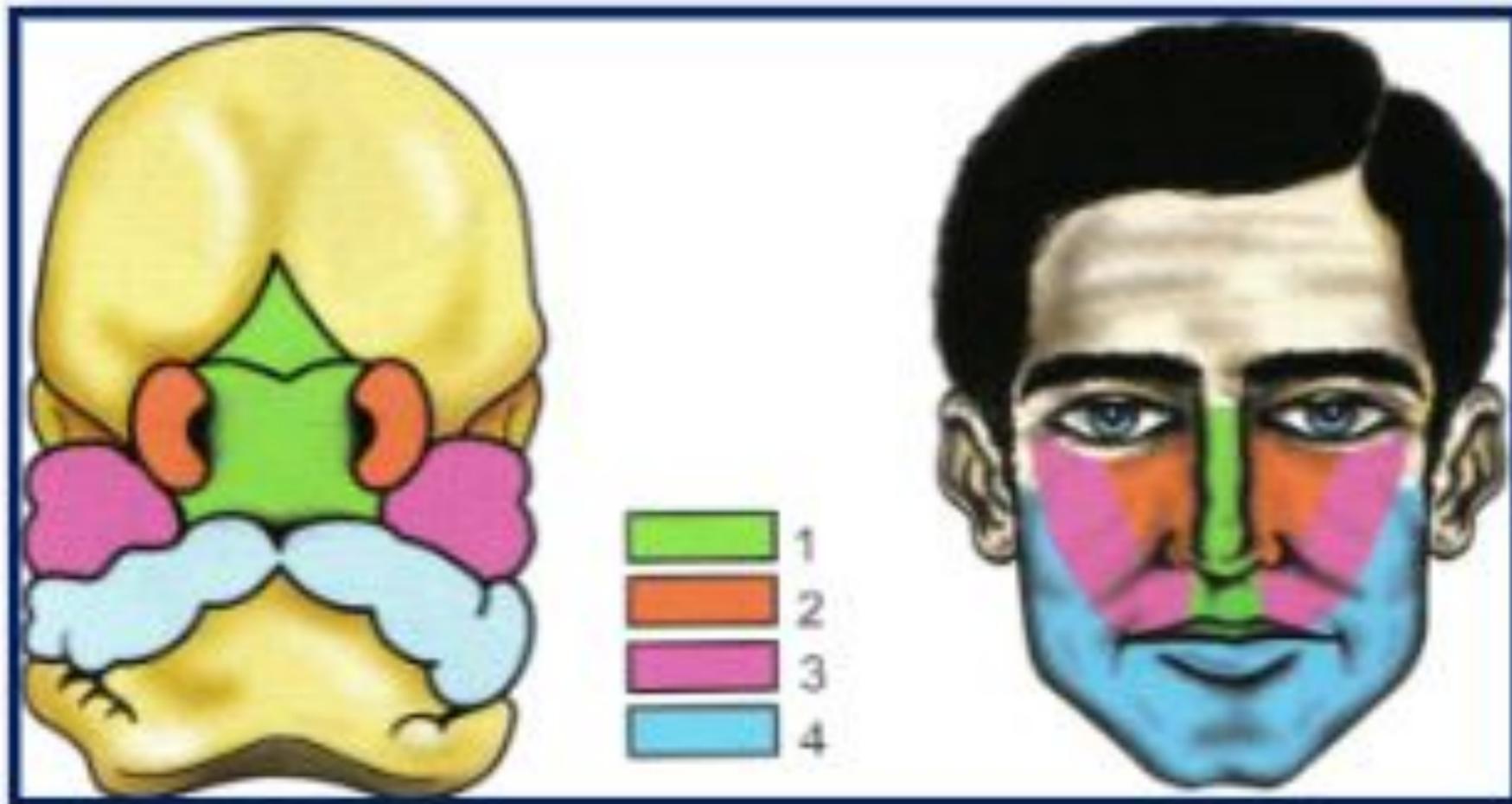
Músculos



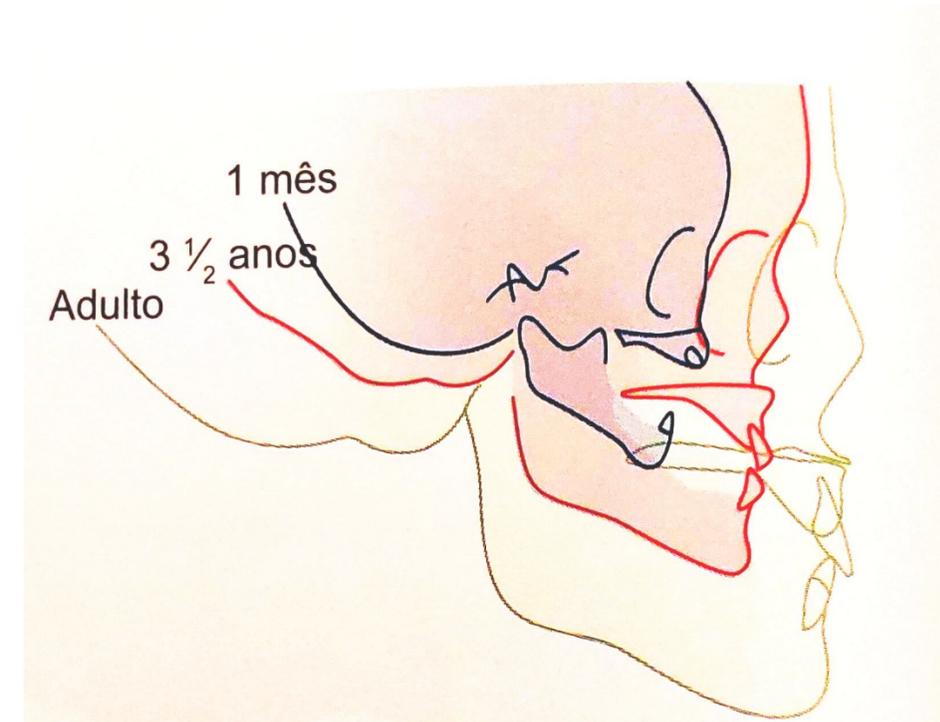
Língua

Saúde oral = Bem estar ao nível do sistema estomatognático



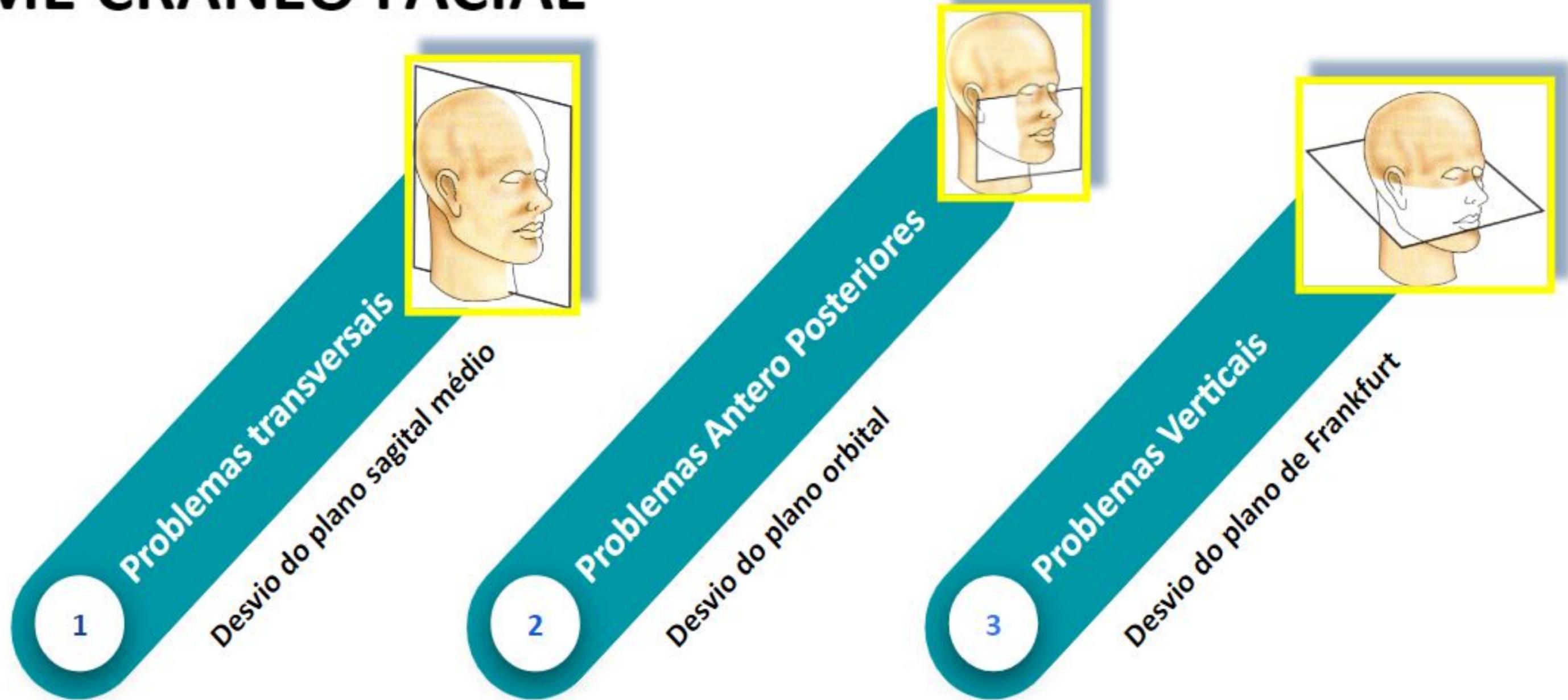


Orientação do crescimento facial



FACE
4 anos: 60% → 6 anos: 80% → 12 anos: 90%

EXAME CRANEO FACIAL

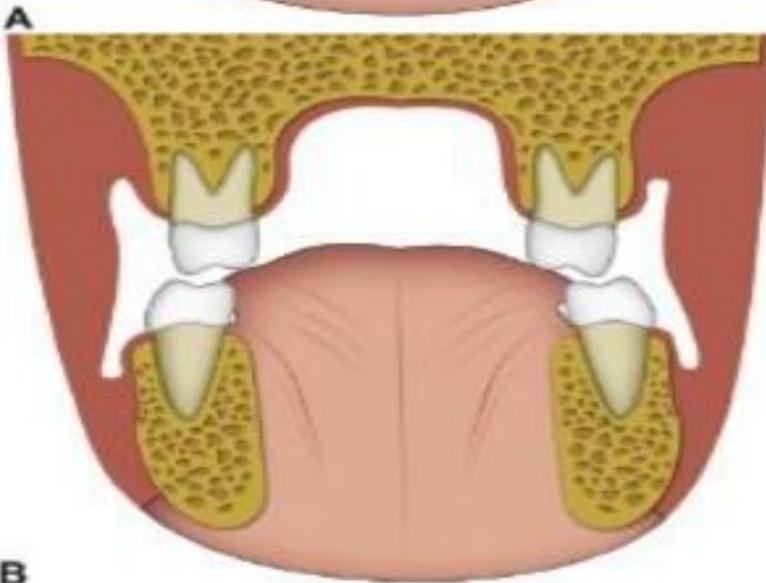
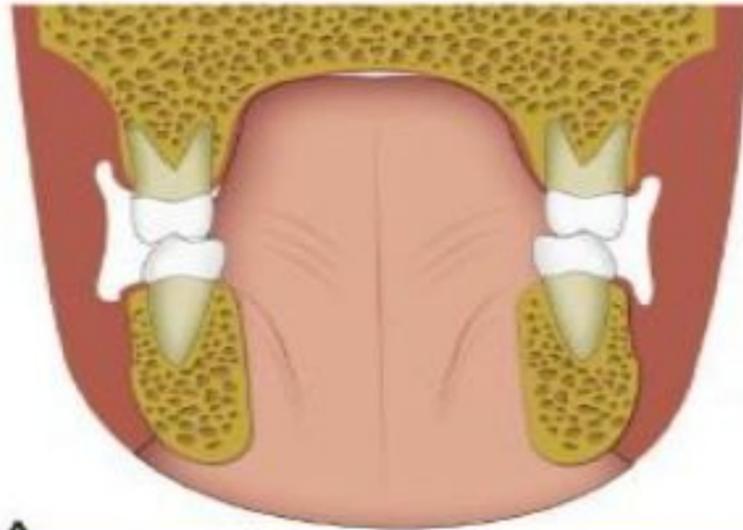


EXAME CRANEO FACIAL

1

Problemas transversais

Desvio do plano sagital médio

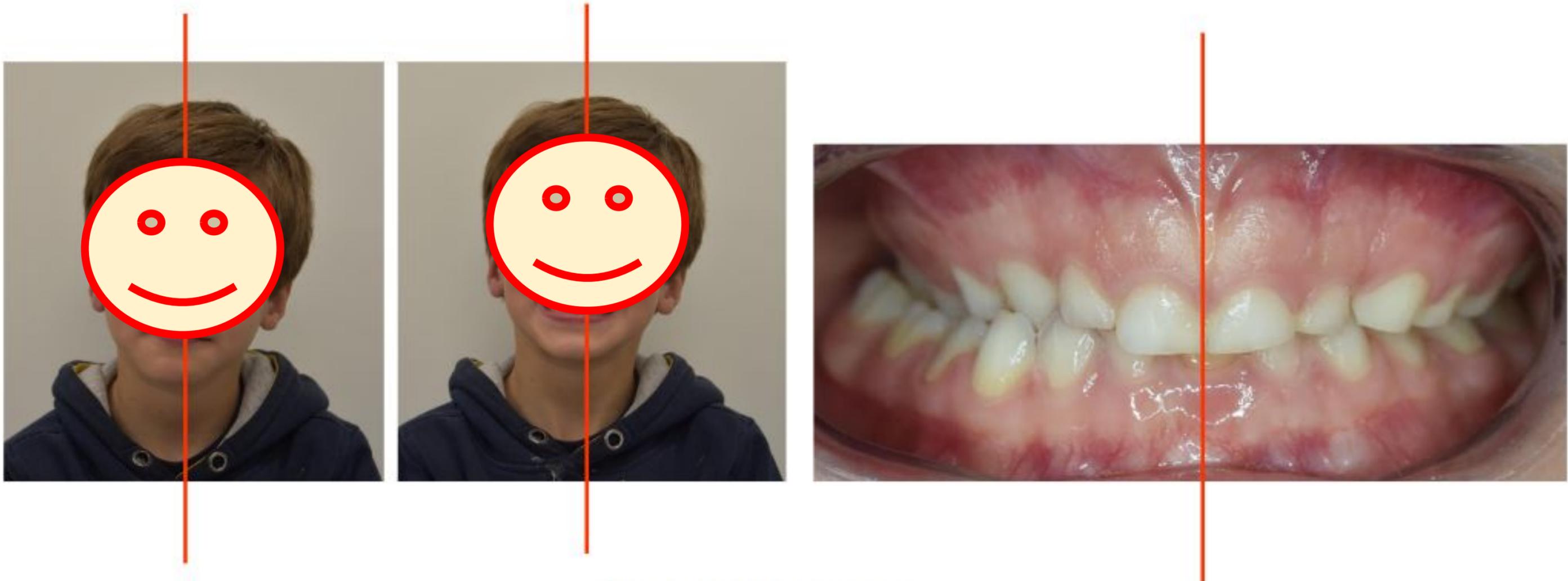


EXAME CRANEO FACIAL

1

Problemas transversais

Desvio do plano sagital médio



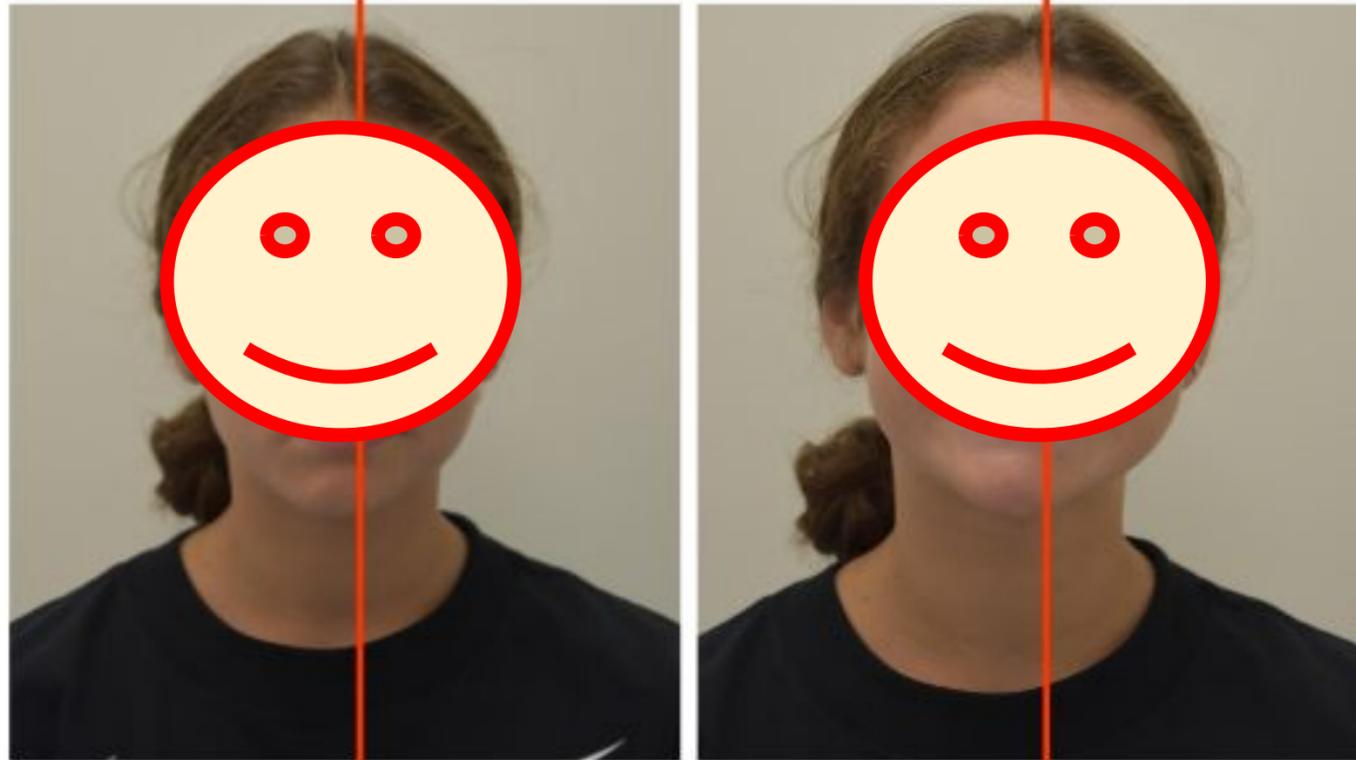
Assimetria facial

EXAME CRANEO FACIAL

1

Problemas transversais

Desvio do plano sagital médio



Assimetria facial

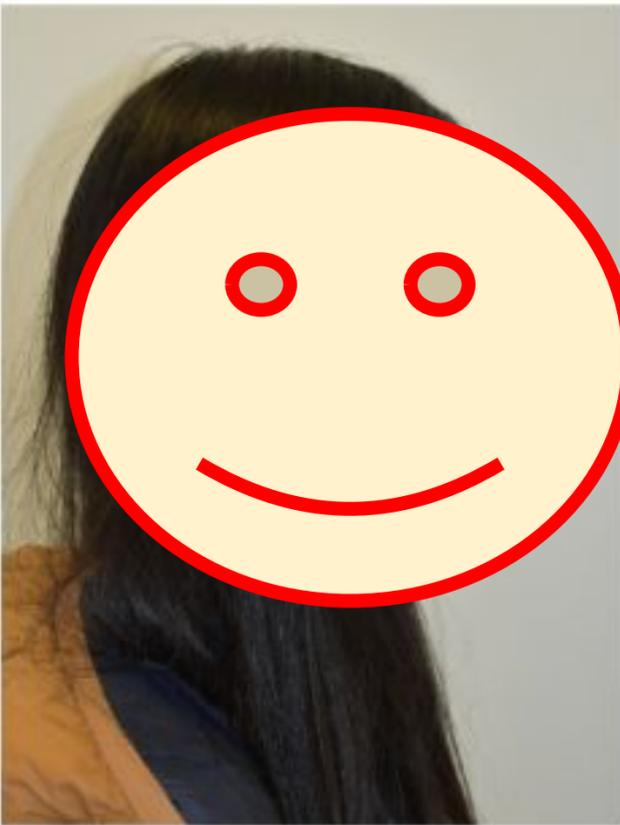
EXAME CRANEO FACIAL

2

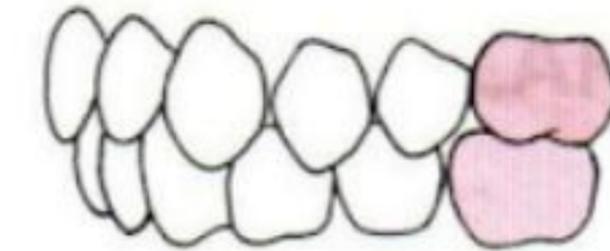
Problemas Antero Posteriores



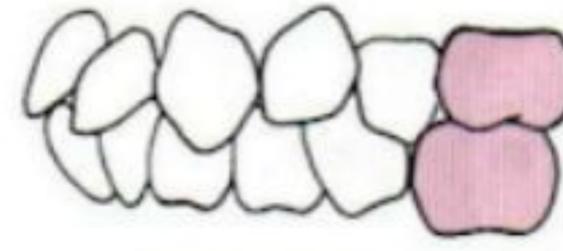
Overjet



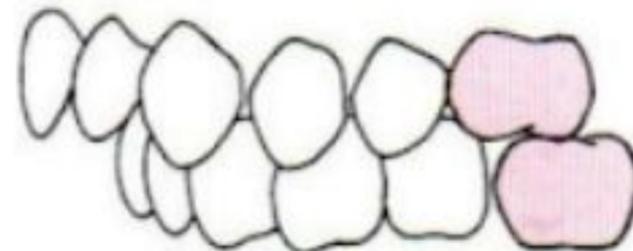
Desvio do plano orbital



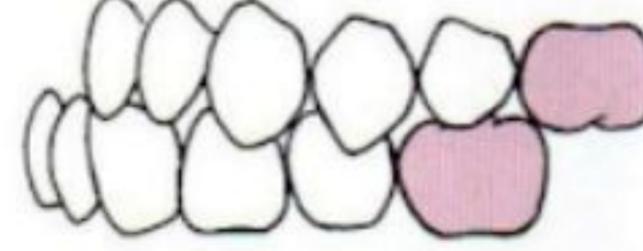
Oclusão Normal



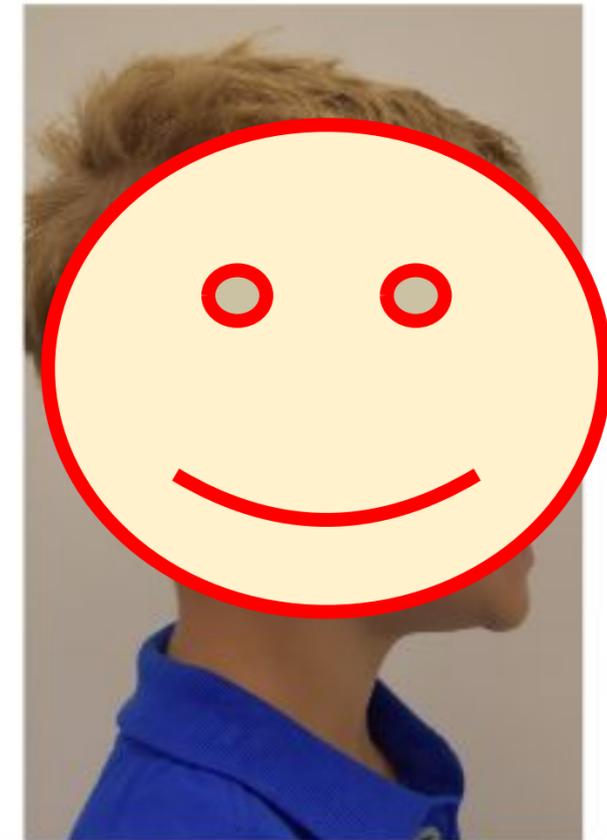
Má Oclusão Classe I



Má Oclusão Classe II



Má Oclusão Classe III



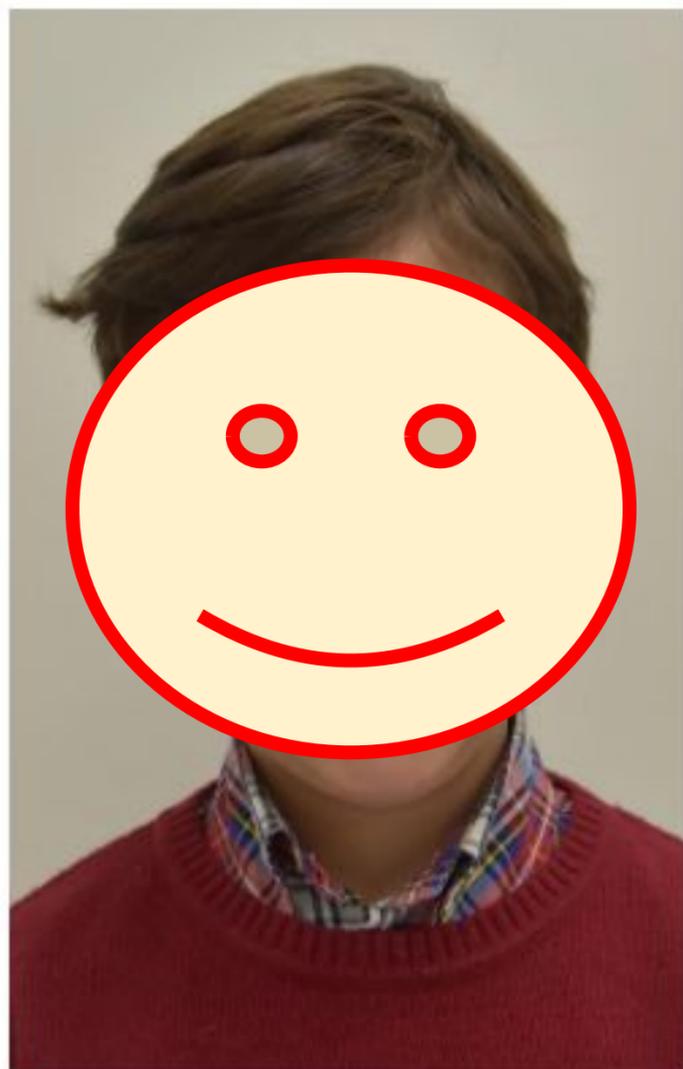
Classe molar
Classe canina

EXAME CRANEO FACIAL

3

Problemas Verticais

Desvio do plano de Frankfurt



Síndrome da face alongada



Mordida aberta



Mordida profunda

Genética

Fatores Ambientais

MÁS OCLUSÕES



“A função Cria o órgão e o órgão proporciona a função”

Claude Bernard



Crescimento Facial
(ossos, dentes e músculos)

Mastigação



3 etapas básicas

5 a 6 meses

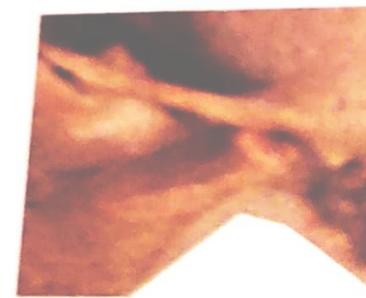
movimentos verticais

7 meses

movimentos laterais

1 ano a 1,5

movimentos rotatorios,
bilateralmente com
selamento labial



Mastigação

Primeira fase do processo digestivo



Língua



Palato duro



Oclusão



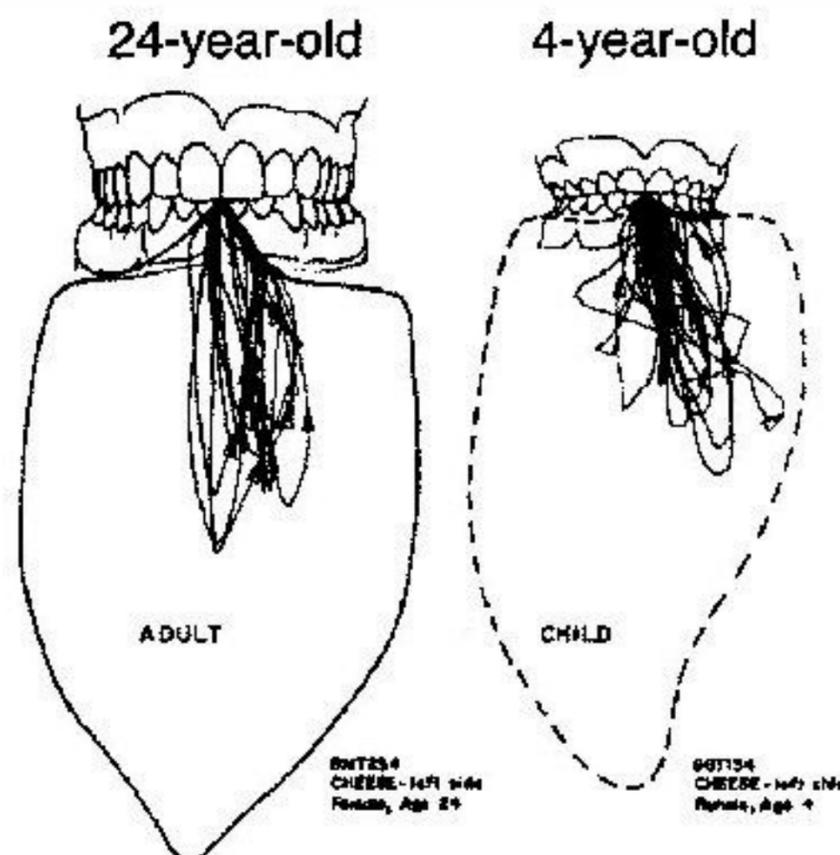
- Bochechas
- Lábios
- ATM
- Ossos maxilares
- Glandulas salivares

Mastigação



Primeira fase do processo digestivo

- apreensão
- corte
- perfuração
- trituração
- amassamento



Review

Does chewing performance depend upon a specific masticatory pattern?

S. YAMASHITA, J. P. HATCH & J. D. RUGH *Department of Orthodontics, The University of Texas Health Science Center, San Antonio, TX, U.S.A.*

Effect of malocclusion on jaw motor function and chewing in children: a systematic review

[Abdulrahman Alshammari](#),^{#1} [Nabeel Almotairy](#),^{#2} [Abhishek Kumar](#),^{✉3} and [Anastasios Grigoriadis](#)³

“Based on the limitations of the studies included, it is not entirely possible to **either support or deny the influence of dental/skeletal malocclusion traits on MOBF, EMG, jaw kinematics, and masticatory performance in healthy children.** Furthermore, well-designed longitudinal studies may be needed to determine whether orthodontic treatments can improve chewing function in general”



Original article

Association between brain lateralization and mixing ability of chewing side

Seung-Min Lee^a, Sewoong Oh^a, Sung Jin Yu^a, Kyung-Min Lee^b, Sung-Ae Son^c,
Young Hoon Kwon^d, Yong-Il Kim^{a e f}  

“**Brain laterality** can be explained by the side of functional (preference of the hands, eyes, ears, and feet, and survey) **has a positive correlation with chewing preference side**. MAI between the brain dominant and nondominant sides was not significant. This shows that mastication efficiency does not differ between dominant and nondominant sides. So, this study suggests that brain dominance is correlated with chewing preference, but it does not affect efficiency of mastication.”

Perda dentária associada ao aumento da deficiência cognitiva e demência

Uma boa saúde oral, incluindo dentaduras, pode proteger contra o declínio cognitivo. A perda de dentes é um fator de risco para a deficiência cognitiva e a demência e com cada dente perdido, o risco de declínio cognitivo cresce, de acordo com uma nova análise.



Tooth loss associated with increased cognitive impairment, dementia

Good oral health, including dentures, may protect against cognitive decline

Date: July 8, 2021

Source: New York University

Summary: Tooth loss is a risk factor for cognitive impairment and dementia -- and with each tooth lost, the risk of cognitive decline grows, according to a new analysis.



% das crianças com menos de 6 anos nunca visitaram o médico dentista



Expectativa



Realidade



Review > [Pediatr Dent. 2021 May 15;43\(3\):176-194.](#)

Risk Factors for Early Childhood Caries: An Umbrella Review

Van Nhat Thang Le ¹, Jae-Gon Kim ², Yeon-Mi Yang ³, Dae-Woo Lee ⁴

> [Int J Clin Pediatr Dent. 2021;14\(Suppl 1\):S22-S28. doi: 10.5005/jp-journals-10005-2014.](#)

Prevalence of Malocclusion and Orthodontic Treatment Needs in Primary and Mixed Dentition Using Baby Roma Index and Index of Orthodontic Treatment Needs

Alok Singh ¹, Monika Rathore ², Somya Govil ³, Vinay Umale ¹, Rohit Kulshrestha ³, Tushar Kolhe ³

Perinatal and Infant Oral Health Care

Latest Revision

2021

How to Cite: American Academy of Pediatric Dentistry. Perinatal and infant oral health care. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2022:277-81.

Fomentar a existência de um dental home e visita ao dentista até 1 ano de vida

Prevenção de cárie dentária:

consumo de açúcar

HO 2 x ao dia com a quantidade correta de fluor

Orientação aos pais:

hábitos nutritivos

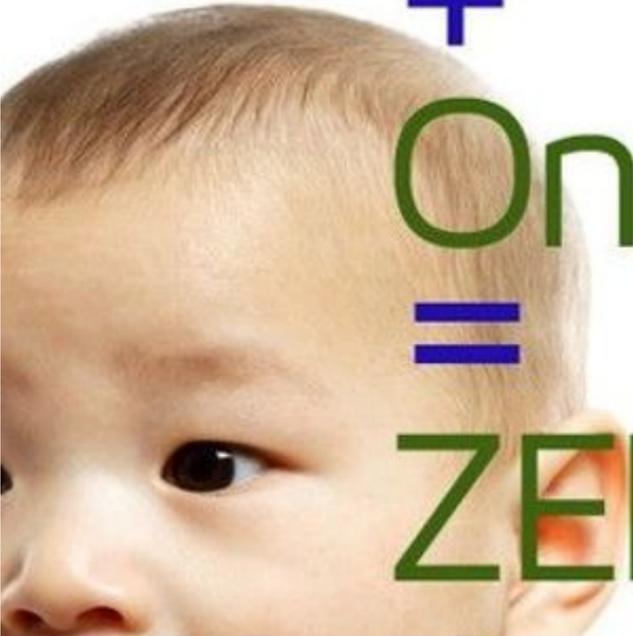
hábitos não nutritivos

erupção dentária

Traumatismos

Pais estarem alertados para a existência de anquiloglossia que leve a limitações funcionais e desconforto na amamentação

Perspetiva Futura



One baby tooth
+
One pediatric dental visit
=
ZERO cavities.



Definition of Dental Home

Latest Revision
2018

How to Cite: American Academy of Pediatric Dentistry. Definition of dental home. The Reference Manual of Pediatric Dentistry. Chicago, IL: American Academy of Pediatric Dentistry; 2021:15.

The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. The dental home should be established no later than 12 months of age to help children and their families institute a lifetime of good oral health. A

dental home addresses anticipatory guidance and preventive, acute, and comprehensive oral health care and includes referral to dental specialists when appropriate.

This definition was developed by the Council on Clinical Affairs and adopted in 2006. This document is an update of the previous version, revised in 2015.

Perspetiva Futura



Definition of Dental Home

Latest Revision
2018

How to Cite: American Academy of Pediatric Dentistry. Definition of dental home. The Reference Manual of Pediatric Dentistry. Chicago, IL: American Academy of Pediatric Dentistry; 2021:15.

The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. The dental home should be established no later than 12 months of age to help children and their families institute a lifetime of good oral health. A

dental home addresses anticipatory guidance and preventive, acute, and comprehensive oral health care and includes referral to dental specialists when appropriate.

This definition was developed by the Council on Clinical Affairs and adopted in 2006. This document is an update of the previous version, revised in 2015.

Dental Home (2023)

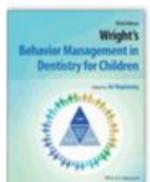
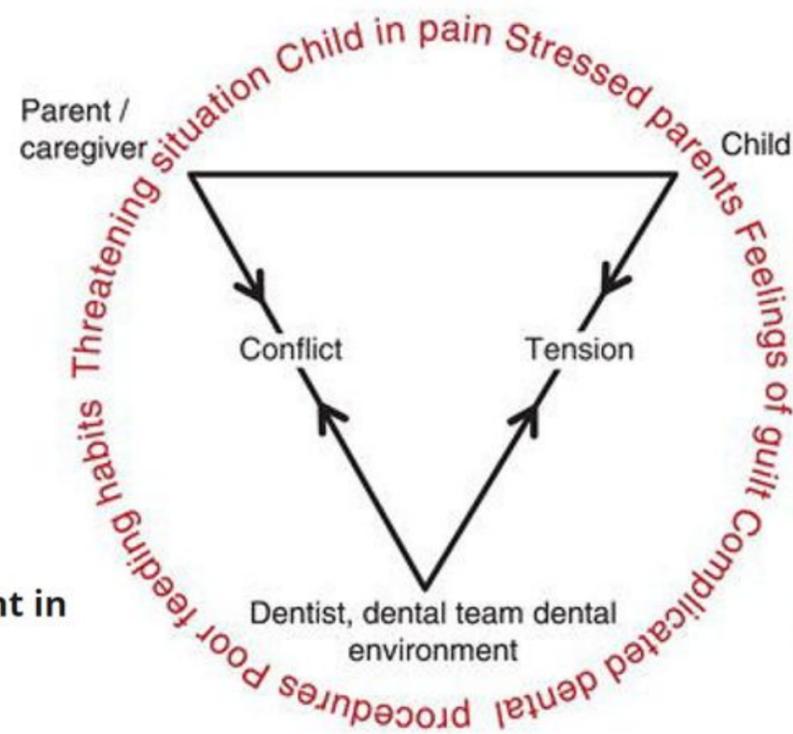
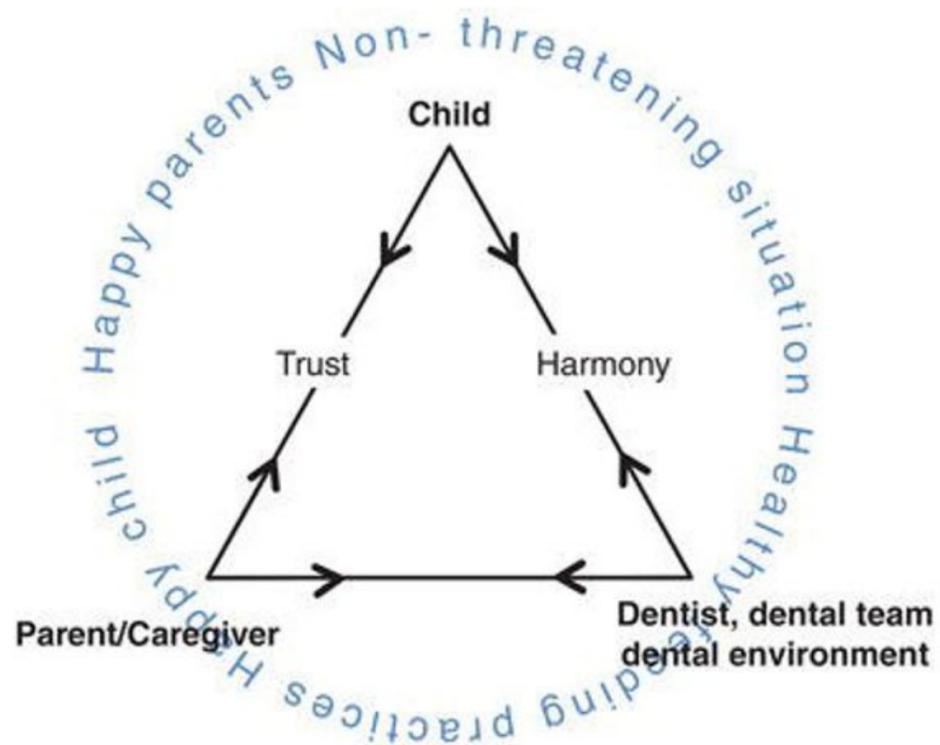


Relação entre Médico dentista e Paciente

“de forma segura, culturalmente sensível, individualizada, abrangente, contínua, acessível, coordenada, com compaixão e **centrada no paciente e na família**, independentemente de raça, etnia, religião, identidade sexual ou de gênero, situação médica, estrutura familiar ou circunstâncias financeiras”

“orientação antecipada e preventiva”

Fomentar a existência de um dental home e visita ao dentista até 1 ano de vida



Wright's Behavior Management in Dentistry for Children

Editor(s): Ari Kupietzky DMD, MSc,

First published: 27 July 2021

Online ISBN: 9781119680987 | DOI: 10.1002/9781119680987

© 2022 John Wiley & Sons, Inc.

Prevenção de cárie dentária: consumo de açúcar



PROGRAMA DE
PROMOCIÓN DE LA SALUD
**STOPAZÚCAR
STOPCARIES**
GUÍA MICRONUTRIENTES
& SALUD DENTAL

**MICRONUTRIENTES
PARA TENER UNA BUENA
SALUD DENTAL**



#stopazucarstopcaries

El número de terrones es la cantidad de azúcar que contiene el producto al que acompaña
6 gr de azúcar

	PEQUENO-ALMOÇO	LANCHE	ALMOÇO	LANCHE	JANTAR	CEIA
SEGUNDA-FEIRA						
TERÇA-FEIRA						
QUARTA-FEIRA						
QUINTA-FEIRA						
SEXTA-FEIRA						
SABADO						
DOMINGO						

Diário de Alimentação

> Int J Environ Res Public Health. 2022 May 10;19(10):5799. doi: 10.3390/ijerph19105799.

Baby Food and Oral Health: Knowledge of the Existing Interaction

Miriam Fioravanti ¹, Gianni Di Giorgio ¹, Roberta Amato ¹, Maurizio Bossù ¹, Valeria Luzzi ¹, Gaetano Ierardo ¹, Antonella Polimeni ¹, Iole Vozza ¹

> Braz Oral Res. 2022 Nov 11;36:e131. doi: 10.1590/1807-3107bor-2022.vol36.0131. eCollection 2022.

How oral health literacy and parental behavior during the meals relate to dental caries in children

Caroline Moraes Moriyama ¹, Sofia Rafaela Maito Velasco ², Luciane Butini ³, Jenny Abanto ², José Leopoldo Ferreira Antunes ², Marcelo Bönecker ¹

ORAL HEALTH POLICIES: DIETARY RECOMMENDATIONS

Policy on Dietary Recommendations for Infants, Children, and Adolescents

Latest Revision
2022

How to Cite: American Academy of Pediatric Dentistry. Policy on dietary recommendations for infants, children, and adolescents. The Reference Manual of Pediatric Dentistry. Chicago, IL: American Academy of Pediatric Dentistry; 2022:96-100.

Prevenção de cárie dentária:
HO 2 x ao dia com a quantidade correta de fluor

426

artigosbreves



A cárie precoce da infância: uma atualização

Elisa Laranjo,¹ Sofia Baptista,² Ana Alves Norton,³ Ana Paula Macedo,³ Casimiro de Andrade,³ Cristina Areias³



Recomendações	Frequência da escovagem	Material usado na escovagem	Execução da escovagem	Dentífrico fluoretado
Antes da erupção do 1º dente	2x dia (higiene das mucosas orais)	Gaze Dedeira	Pais	–
A partir da erupção do 1º dente – 3 anos	2x dia (sendo obrigatória 1x à noite)	Macia e de tamanho adequado à boca da criança	Pais e criança	Com 1.000-1.500 ppm de flúor «um grão de arroz»
3-6 anos	2x dia (sendo obrigatória 1x à noite)	Macia e de tamanho adequado à boca da criança	Pais e criança	Com 1.000-1.500 ppm de flúor «uma ervilha»



Prevenção de cárie dentária: HO 2 x ao dia com a quantidade correta de fluor



Entre a consulta dos 6 meses e a consulta dos 9 meses

Para os pais/cuidadores:

- Os primeiros dentes, regra geral, "rompem" por volta dos 6 meses, quando isso acontece mais tarde, não tem significado. O bebé pode ficar rabugento e tem necessidade de friccionar as gengivas. Podem ser aplicados géis próprios para aliviar o incómodo da criança. Deve escovar-se os primeiros dentes, usando uma escova de dentes com uma compressa ou dedeira específica, com uma porção de dentífrico (1000/1500 ppm) equivalente ao tamanho de uma unha do 5.º dedo da mão do bebé.
- Observe se o bebé vê e ouve bem ou se tem os olhos desviados (estrabismo). Fale para ele e estimule-o a falar.
- Nesta idade, o bebé perdeu as defesas que recebeu da mãe durante a gravidez e está ainda a desenvolver as suas próprias. É normal, por isso, tenha pequenas doenças, com alguma frequência. Se a doença se prolongar por mais de 2-3 dias ou se tiver febre alta, diarreia intensa, vômitos, manchas escuras, prostração, irritabilidade ou outro sinal de "não estar bem", há que consultar o(a) médico(a).
- É importante deixar o bebé movimentar-se. Coloque uma esteira no chão ou, se puder, adquira um parque (que obedeça às normas de segurança) e habitue o bebé a gostar de estar nesse espaço.
- Durante este período, o bebé vai começar a sentar-se, possivelmente a gatinhar e a pôr-se de pé. Tente detetar os perigos que podem existir em casa, ao nível do chão. É aconselhável dar uma volta pelas ruas com os olhos ao nível dos do bebé (por exemplo, colocando-se no chão) e proceder à observação.
- É também natural que o seu filho estranhe as pessoas que não conhece ou que vê com menor frequência (reação a estranhos).
- Finalmente, no que respeita ao automóvel, está na altura de se preparar para a próxima cadeira do bebé (dependendo do tamanho de cada criança, é mais seguro continuar na cadeira voltada para trás até aos 2 anos de idade).

Disseção Geral da Saúde, disponíveis em www.dgs.gov.pt



Prevenção de cárie dentária:
HO 2 x ao dia com a quantidade correta de fluor



Prevenção de cárie dentária:
HO 2 x ao dia com a quantidade correta de fluor



Tell-Show-Play-doh

Behavior Guidance for the Pediatric Dental Patient

Latest Revision
2020

How to Cite: American Academy of Pediatric Dentistry. Behavior guidance for the pediatric dental patient. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2022:321-39.

Prevenção de cárie dentária:
HO 2 x ao dia com a quantidade correta de fluor



Tell-show-do

Behavior Guidance for the Pediatric Dental Patient

Latest Revision
2020

How to Cite: American Academy of Pediatric Dentistry. Behavior guidance for the pediatric dental patient. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2022:321-39.

Prevenção de cárie dentária:
HO 2 x ao dia com a quantidade correta de fluor



Prevenção de cárie dentária:
HO 2 x ao dia com a quantidade correta de fluor



Prevenção de cárie dentária: HO 2 x ao dia com a quantidade correta de fluor

> Adv Dent Res. 2018 Feb;29(1):9-14. doi: 10.1177/0022034517736500.

The Evidence for Caries Management by Risk Assessment (CAMBRA®)

J D B Featherstone¹, B W Chaffee¹

Caries Management By Risk Assessment”



Implementar medidas específicas de controle **preventivo**

Determinar as opções de **tratamento** a serem realizadas

Prevenir a progressão da cárie e promover a sua **estabilidade**.



Orientação aos pais: hábitos nutritivos



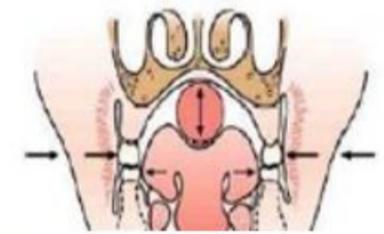
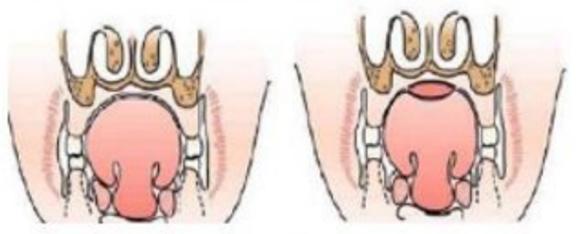
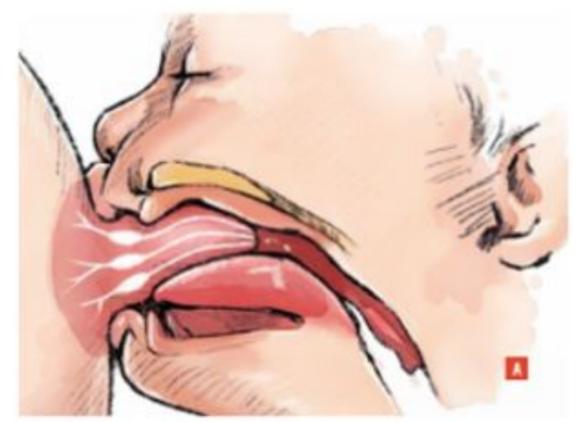
Sucção (nutritiva)
Amamentação



Deglutição



Respiração



Paediatr Dent. 2010 Jun;11(2):87-92.

Comparative study of the craniofacial growth depending on the type of lactation received

Mastigação

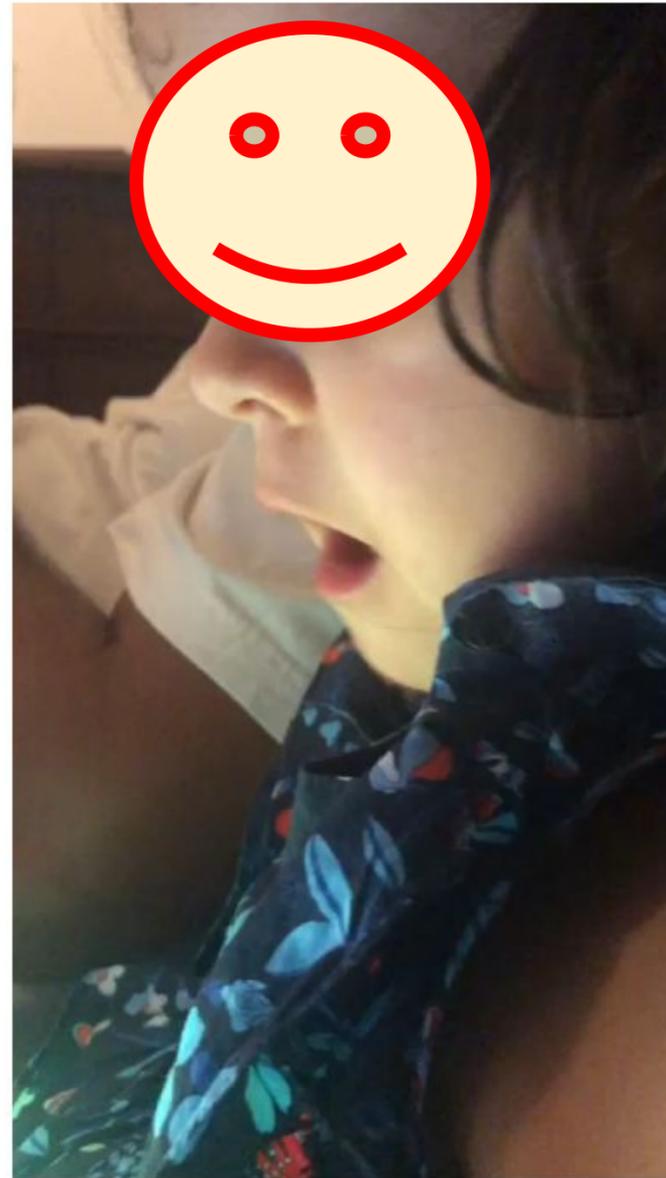


> J Dent Child (Chic). 2005 May-Aug;72(2):81-7.

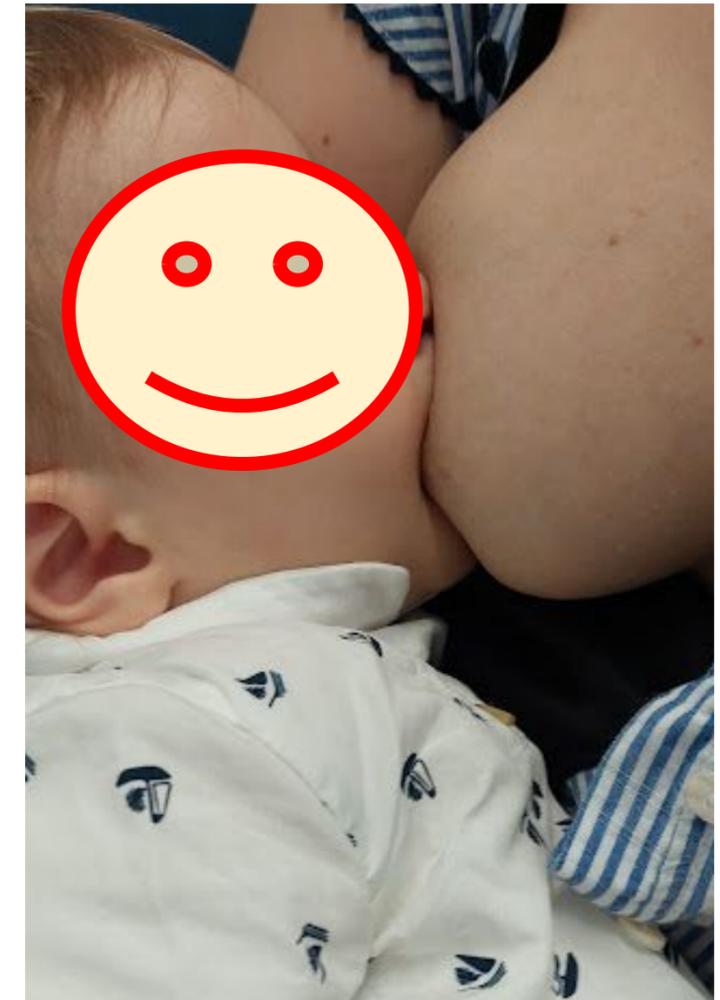
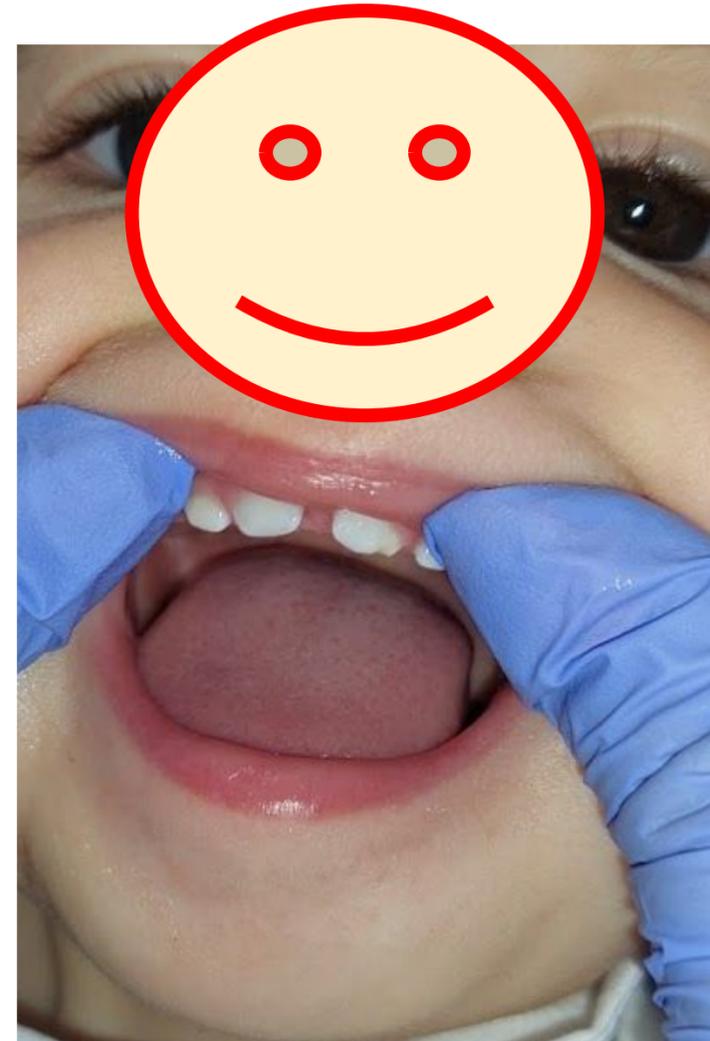
Primary dentition unilateral crossbite in relation to functional lateralities

Tuomo Heikkinen ¹, Pertti Pirttiniemi, Mathias Grön, Lassi Alvesalo

Mastigação



Mastigação



Review > J Clin Pediatr Dent. 2022 Mar 1;46(2):75-85. doi: 10.17796/1053-4625-46.2.1.

Breastfeeding and its Association with Early Childhood Caries – An Umbrella Review

Noopur T Panchanadikar¹, Abirami S², M S Muthu³, Selvakumar H⁴, Priya Jayakumar⁵, Amit Agarwal⁶

“Breastfeeding beyond the age of 12 months, accompanied by nocturnal feeding, had a positive association with ECC. Further research is warranted for assessment of diurnal and nocturnal sleep-time breastfeeding habits, together with the role of enamel defects (hypoplasia), and the risk of ECC.”



Deglutição

Review > HNO. 2018 Jul;66(7):515-526. doi: 10.1007/s00106-017-0388-y.

[Feeding, eating, and swallowing disorders in infants and children : An overview]

[Article in German]
C Schwemmler¹, C Arens²



“An interdisciplinary team approach enables coordinated global assessment and therapy planning”

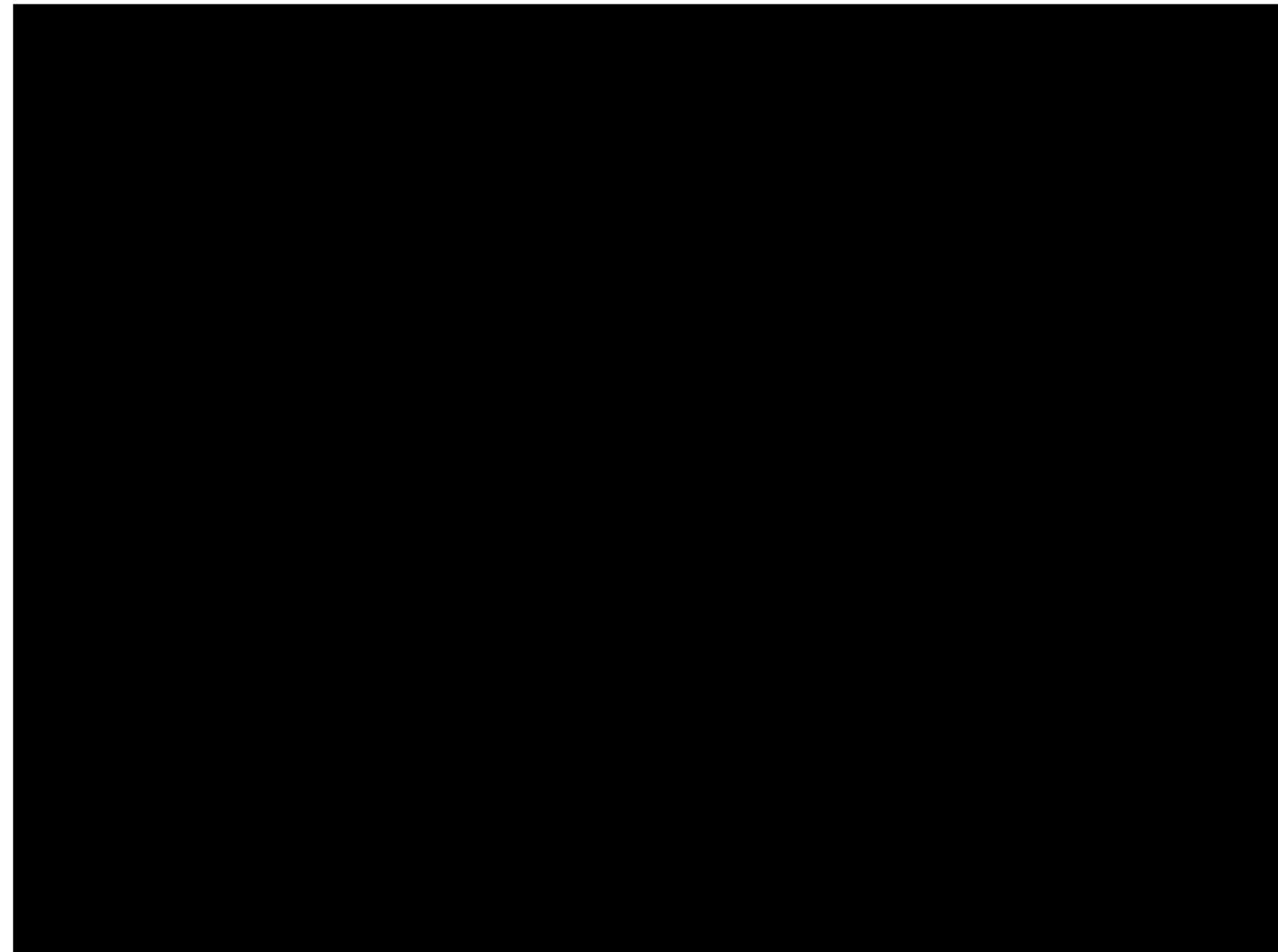


Deglutição

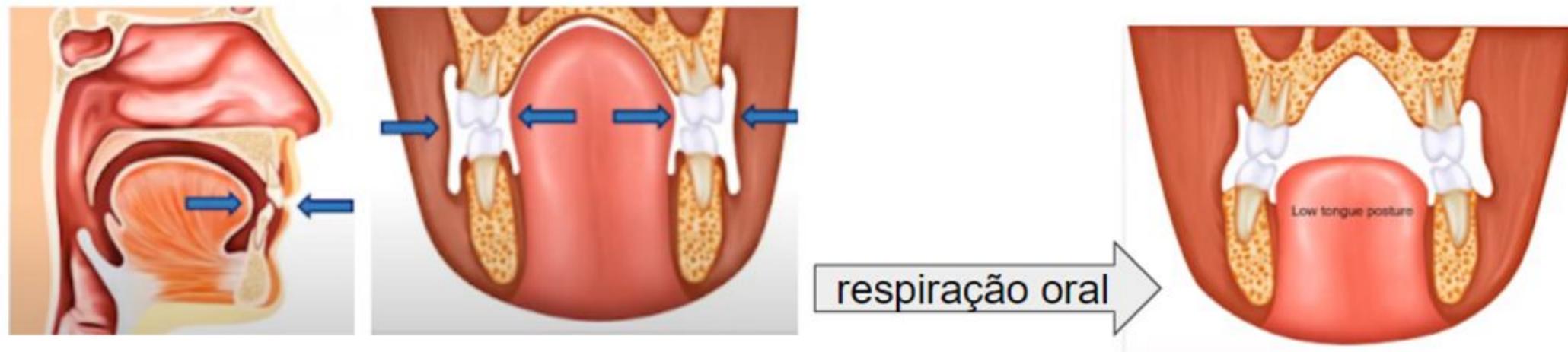
Review > HNO. 2018 Jul;66(7):515-526. doi: 10.1007/s00106-017-0388-y.

[Feeding, eating, and swallowing disorders in infants and children : An overview]

[Article in German]
C Schwemmler¹, C Arens²



Respiração



Acta Otorhinolaryngol Ital. 2021 Oct; 41(5): 436-442.
Published online 2021 Sep 14. doi: 10.14639/0392-100X-N1225

PMCID: PMC8569668
PMID: 34734579

Language: English | Italian

Association between upper airway obstruction and malocclusion in mouth-breathing children

Paola Festa,^{1,2} Nicola Mansi,¹ Alfonso Maria Varricchio,¹ Fabio Savoia,³ Camilla Cali,³ Carmela Marraudino,⁴ Giovanni Carlo De Vincentis,⁵ and Angela Galeotti²

ACTA OTORHINOLARYNGOLOGICA ITALICA 2021;41:436-442; doi: 10.14639/0392-100X-N1225

RHINOLOGY

Association between upper airway obstruction and malocclusion in mouth-breathing children

Associazione tra l'ostruzione delle vie aeree superiori e le malocclusioni in bambini con respirazione orale

Paola Festa^{1,2}, Nicola Mansi¹, Alfonso Maria Varricchio¹, Fabio Savoia³, Camilla Cali³, Carmela Marraudino⁴, Giovanni Carlo De Vincentis⁵, Angela Galeotti²

¹ Otorhinolaryngology Unit, AORN Santobono-Pausilpon, Naples, Italy; ² Dentistry Unit, Bambino Gesù Children's Hospital, IRCCS, Rome, Italy; ³ Evaluative Epidemiology-Childhood Cancer Registry of Campania, AORN Santobono-Pausilpon, Naples, Italy; ⁴ Dentistry Unit, AORN Santobono-Pausilpon, Naples, Italy; ⁵ Otorhinolaryngology Unit, Bambino Gesù Children's Hospital, IRCCS, Rome, Italy

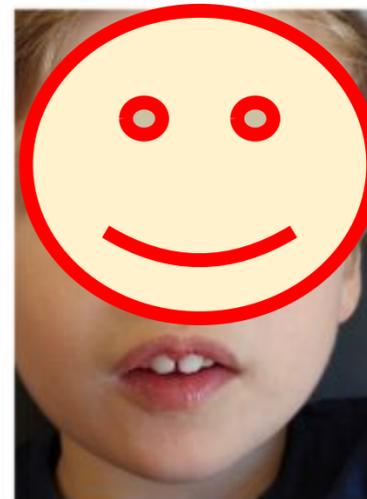
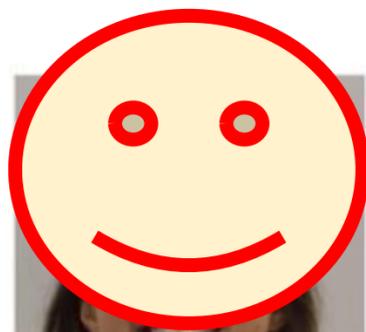
Mouth breathing in allergic children: Its relationship to dentofacial development

Dante Bresolin, D.D.S., M.S.D.,* Peter A. Shapiro, D.D.S., M.S.D.,** Gail G. Shapiro, M.D.,*** Michael K. Chapko, Ph.D.,**** and Steven Dassel, M.D.,*****
Brasília, D.F., Brazil, and Seattle, Wash.



Dr. Bresolin

Respiração



Acta Otorhinolaryngol Ital. 2021 Oct, 41(5): 436-442.
Published online 2021 Sep 14. doi: 10.14639/0392-100X-N1225

PMCID: PMC8569668
PMID: 34734579

Language: English | Italian

Association between upper airway obstruction and malocclusion in mouth-breathing children

Paola Festa^{1,2}, Nicola Mansi¹, Alfonso Maria Varricchio¹, Fabio Savoia³, Camilla Cali³, Carmela Marraudino⁴, Giovanni Carlo De Vincentis⁵ and Angela Galeotti²

ACTA OTORHINOLARYNGOLOGICA ITALICA 2021;41:436-442; doi: 10.14639/0392-100X-N1225

RHINOLOGY

Association between upper airway obstruction and malocclusion in mouth-breathing children

Associazione tra l'ostruzione delle vie aeree superiori e le malocclusioni in bambini con respirazione orale

Paola Festa^{1,2}, Nicola Mansi¹, Alfonso Maria Varricchio¹, Fabio Savoia³, Camilla Cali³, Carmela Marraudino⁴, Giovanni Carlo De Vincentis⁵, Angela Galeotti²

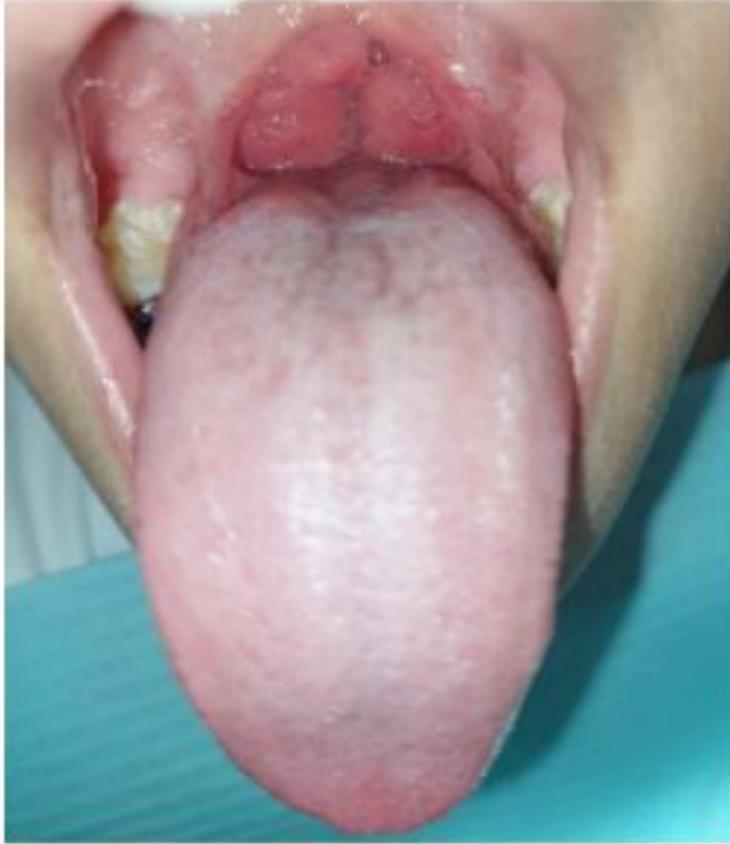
¹ Otorhinolaryngology Unit, AORN Santobono-Pausilpon, Naples, Italy; ² Dentistry Unit, Bambino Gesù Children's Hospital, IRCCS, Rome, Italy; ³ Evaluative Epidemiology-Childhood Cancer Registry of Campania, AORN Santobono-Pausilpon, Naples, Italy; ⁴ Dentistry Unit, AORN Santobono-Pausilpon, Naples, Italy; ⁵ Otorhinolaryngology Unit, Bambino Gesù Children's Hospital, IRCCS, Rome, Italy

Mouth breathing in allergic children: Its relationship to dentofacial development

Dante Bresolin, D.D.S., M.S.D.,* Peter A. Shapiro, D.D.S., M.S.D.,** Gail G. Shapiro, M.D.,*** Michael K. Chapko, Ph.D.,**** and Steven Dassel, M.D.,*****
Brasília, D.F., Brazil, and Seattle, Wash.



Dr. Bresolin



ACTA Otorhinolaringologica Italica

Acta Otorhinolaryngol Ital. 2021 Oct, 41(5): 436-442.
Published online 2021 Sep 14. doi: [10.14639/0392-100X-N1225](https://doi.org/10.14639/0392-100X-N1225)

PMCID: PMC8569668
PMID: [34734579](https://pubmed.ncbi.nlm.nih.gov/34734579/)

Language: English | Italian

Association between upper airway obstruction and malocclusion in mouth-breathing children

Paola Festa,¹⁻² Nicola Mansi,¹ Alfonso Maria Varricchio,¹ Fabio Savoia,³ Camilla Cali,³ Carmela Marraudino,⁴ Giovanni Carlo De Vincentis,⁵ and Angela Galeotti²

RHINOLOGY

Association between upper airway obstruction and malocclusion in mouth-breathing children

Associazione tra l'ostruzione delle vie aeree superiori e le malocclusioni in bambini con respirazione orale

Paola Festa^{1,2}, Nicola Mansi¹, Alfonso Maria Varricchio¹, Fabio Savoia³, Camilla Cali³, Carmela Marraudino⁴, Giovanni Carlo De Vincentis⁵, Angela Galeotti²

¹ Otorhinolaryngology Unit, AORN Santobono-Pausilpon, Naples, Italy; ² Dentistry Unit, Bambino Gesù Children's Hospital, IRCCS, Rome, Italy; ³ Evaluative Epidemiology-Childhood Cancer Registry of Campania, AORN Santobono-Pausilpon, Naples, Italy; ⁴ Dentistry Unit, AORN Santobono-Pausilpon, Naples, Italy; ⁵ Otorhinolaryngology Unit, Bambino Gesù Children's Hospital, IRCCS, Rome, Italy

Mouth breathing in allergic children: Its relationship to dentofacial development

Dante Bresolin, D.D.S., M.S.D.,* Peter A. Shapiro, D.D.S., M.S.D.,** Gail G. Shapiro, M.D.,*** Michael K. Chapko, Ph.D.,**** and Steven Dassel, M.D.,*****
Brasília, D.F., Brazil, and Seattle, Wash.



Dr. Bresolin

Orientação aos pais

Respiração



Alteração do padrão de sono



Alterações cognitivas e do comportamento



Alteração posturais



Prevalence and risk factors of sleep bruxism and wake-time tooth clenching in a 7- to 17-yr-old population

Maria Clotilde Carra, Nelly Huynh, Paul Morton, Pierre H. Rompré, Athena Papadakis, Claude Remise, Gilles J. Lavigne
Faculté de Médecine Dentaire, Université de Montréal, Montréal, QC, Canada

Int J Pediatr Otorhinolaryngol. 2022 Aug;159:111194. doi: 10.1016/j.iporl.2022.111194. Epub 2022 Jun 2.

The effects of obstructive sleep apnea-hypopnea syndrome (OSAHS) on learn and memory function of 6-12 years old children

Hai Li¹, Luqiu Chen², Xinhao Wu³, Fangyuan Zhu⁴, Xin Bing⁵, Lei Shi⁶, Xiaoming Li⁷, Wenwen Qi⁸, Ming Xia⁹, Xiang Zhang⁹, Xuening Zhao⁹
Affiliations: + expand
PMID: 35709564 DOI: 10.1016/j.iporl.2022.111194

Pediatr Allergy Immunol. 2022 Jun;33(5):10.1111/pai.13819. doi: 10.1111/pai.13819.

Early childhood allergy linked with development of attention deficit hyperactivity disorder and autism spectrum disorder

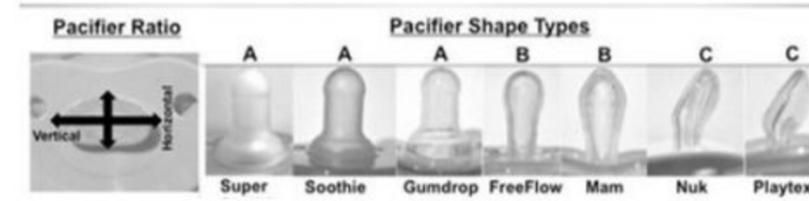
Shay Nemet¹, Ilan Asher², Israel Yoles², Tuvia Baevsky², Zev Shvoeger³
Affiliations: + expand
PMID: 35754118 PMID: PMC9328193 DOI: 10.1111/pai.13819



Review Article
Dental occlusion, body posture and temporomandibular disorders: where we are now and where we are heading for

D. MANFREDINI^{*}, T. CASTROFLORIO[†], G. PERINETTI[‡] & L. GUARDA-NARDINI^{*}
^{*}Department of Maxillofacial Surgery, TMD Clinic, University of Padova, Carrara. [†]Private practice, Turin and [‡]Department of Medical, Surgical and Health Sciences, University of Trieste, Trieste, Italy

Orientação aos pais: - Hábitos não nutritivos



NO ACCESS | American Journal of Speech-Language Pathology | Research Article
Nov 2017

Not All Pacifiers Are Created Equal: A Mechanical Examination of Pacifiers and Their Influence on Suck Patterning

Endy Zimmerman, Juliana Tolosa and Andrew Goodstone
https://doi.org/10.1044/2017_AJSLP-16-0225



2 anos e meio

3 anos e meio

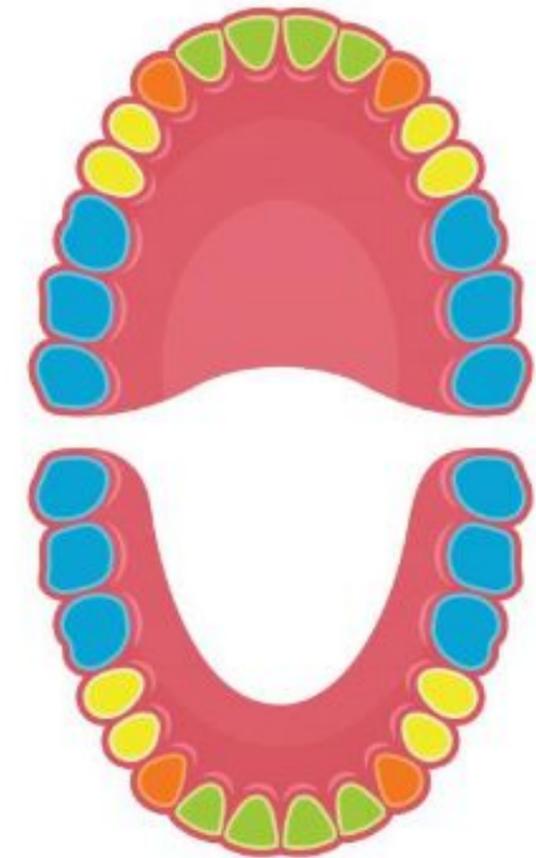
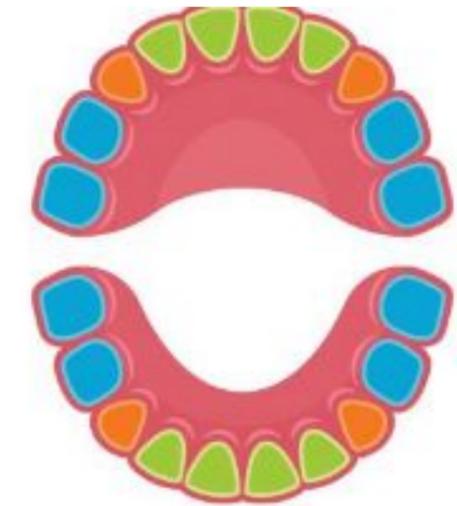


Orientação aos pais : erupção dentária

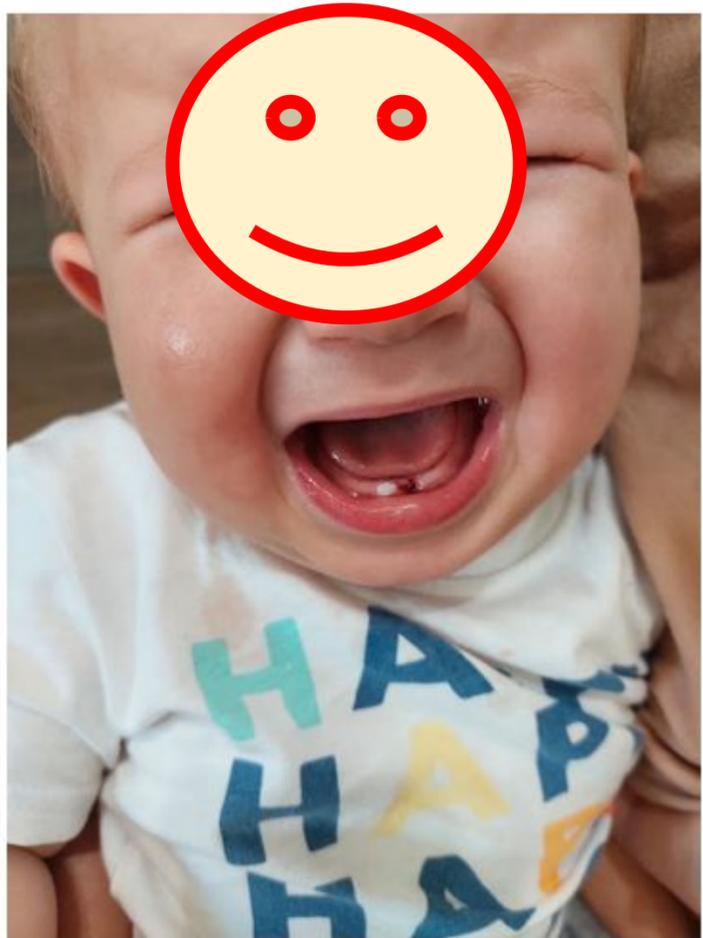


Primary Dentition						
	Calcification begins at	Formation complete at	Eruption		Exfoliation	
			Maxillary	Mandibular	Maxillary	Mandibular
Central incisors	4 th fetal mo	18-24 mo	6-10 mo	5-8 mo	7-8 y	6-7 y
Lateral incisors	4 th fetal mo	18-24 mo	8-12 mo	7-10 mo	8-9 y	7-8 y
Canines	4 th fetal mo	30-39 mo	16-20 mo	16-20 mo	11-12 y	9-11 y
First molars	4 th fetal mo	24-30 mo	11-18 mo	11-18 mo	9-11 y	10-12 y
Second molars	4 th fetal mo	36 mo	20-30 mo	20-30 mo	9-12 y	11-13 y

Permanent Dentition					
	Calcification begins at	Crown (enamel) complete at	Roots complete at	Eruption*	
				Maxillary	Mandibular
Central incisors	3-4 mo	4-5 y	9-10 y	7-8 y (3)	6-7 y (2)
Lateral incisors	Maxilla: 10-12 mo Mandible: 3-4 mo	4-5 y 4-5 y	11 y 10 y	8-9 y (5)	7-8 y (4)
Canines	4-5 mo	6-7 y	12-15 y	11-12 y (11)	9-11 y (6)
First premolars	18-24 mo	5-6 y	12-13 y	10-11 y (7)	10-12 y (8)
Second premolars	24-30 mo	6-7 y	12-14 y	10-12 y (9)	11-13 y (10)
First molars	Birth	30-36 mo	9-10 y	5.5-7 y (1)	5.5-7 y (1a)
Second molars	30-36 mo	7-8 y	14-16 y	12-14 y (12)	12-14 y (12a)
Third molars	Maxilla: 7-9 y Mandible: 8-10 y			17-30 y (13)	17-30 y (13a)



Orientação aos pais : traumatismos



Review > Dent Traumatol. 2020 Aug;36(4):309-313. doi: 10.1111/edt.12574. Epub 2020 Jun 22.

International Association of Dental Traumatology guidelines for the management of traumatic dental injuries: General introduction

Liran Levin ¹, Peter F Day ², Lamar Hicks ³, Anne O'Connell ⁴, Ashraf F Fouad ⁵, Cecilia Bourguignon ⁶, Paul V Abbott ⁷



FREE IADT Dental Trauma First Aid App



Review > Dent Traumatol. 2020 Aug;36(4):309-313. doi: 10.1111/edt.12574. Epub 2020 Jun 22.

International Association of Dental Traumatology guidelines for the management of traumatic dental injuries: General introduction

Liran Levin ¹, Peter F Day ², Lamar Hicks ³, Anne O'Connell ⁴, Ashraf F Fouad ⁵, Cecilia Bourguignon ⁶, Paul V Abbott ⁷



FREE IADT Dental Trauma First Aid App

Pais estarem alertados para a existência de anquiloglossia que leve a limitações funcionais e desconforto na amamentação



Antes de realizar o procedimento cirúrgico fazer uma avaliação em equipa

Observational Study > Int J Pediatr Otorhinolaryngol. 2020 Nov;138:110212.

doi: 10.1016/j.ijporl.2020.110212. Epub 2020 Jul 11.

Factors associated with frenotomy after a multidisciplinary assessment of infants with breastfeeding difficulties

Gillian R Diercks¹, Cheryl J Hersh², Rebecca Baars², Sarah Sally², Christen Caloway³, Christopher J Hartnick⁴

Policy on Management of the Frenulum in Pediatric Patients

Revised
2022

How to Cite: American Academy of Pediatric Dentistry. Policy on management of the frenulum in pediatric patients. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2022:80-5.

Review > Arch Argent Pediatr. 2021 Dec;119(6):e600-e609. doi: 10.5546/aap.2021.eng.e600.

Ankyloglossia in breastfeeding infants. An update

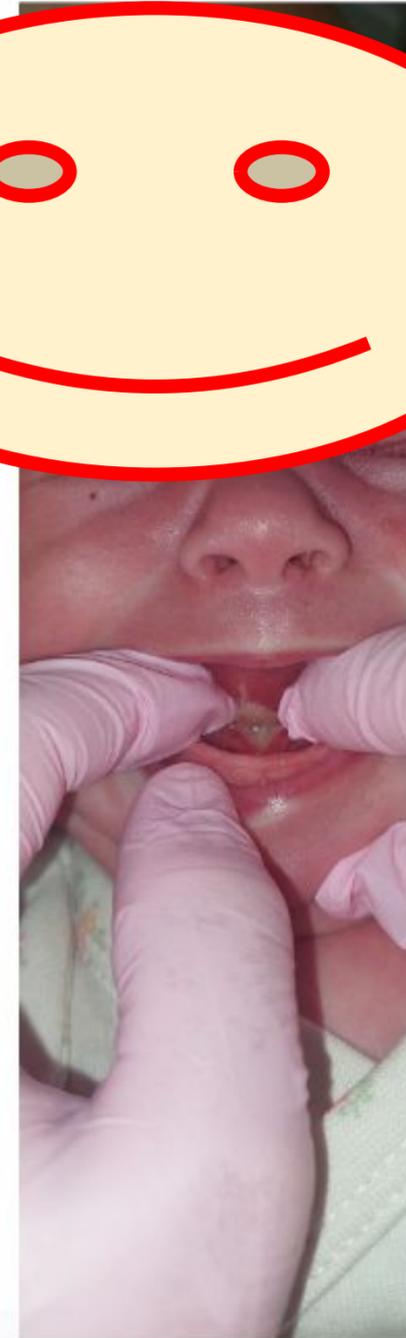
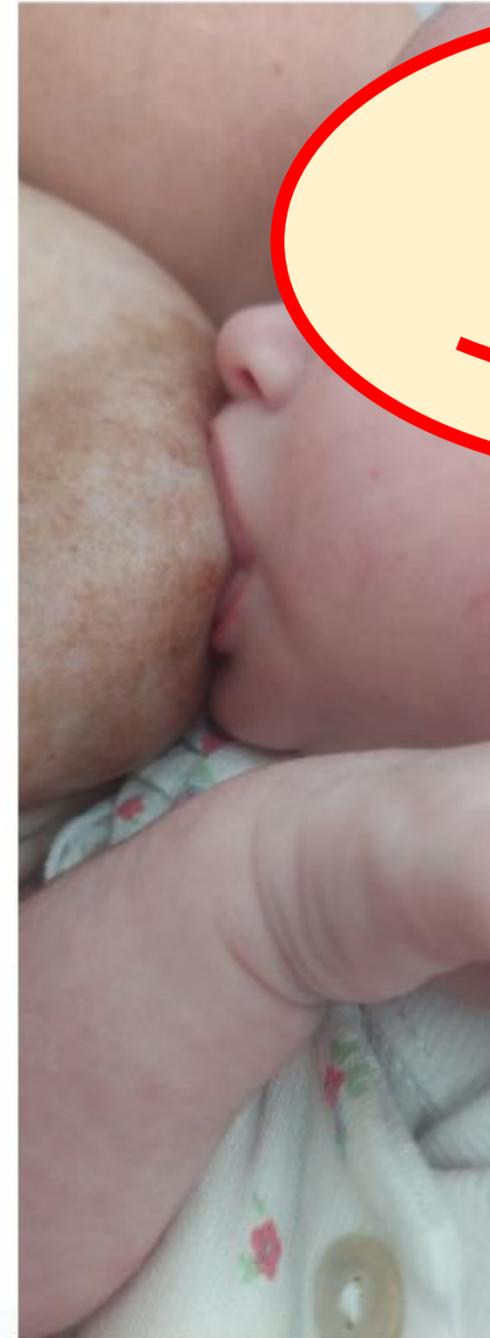
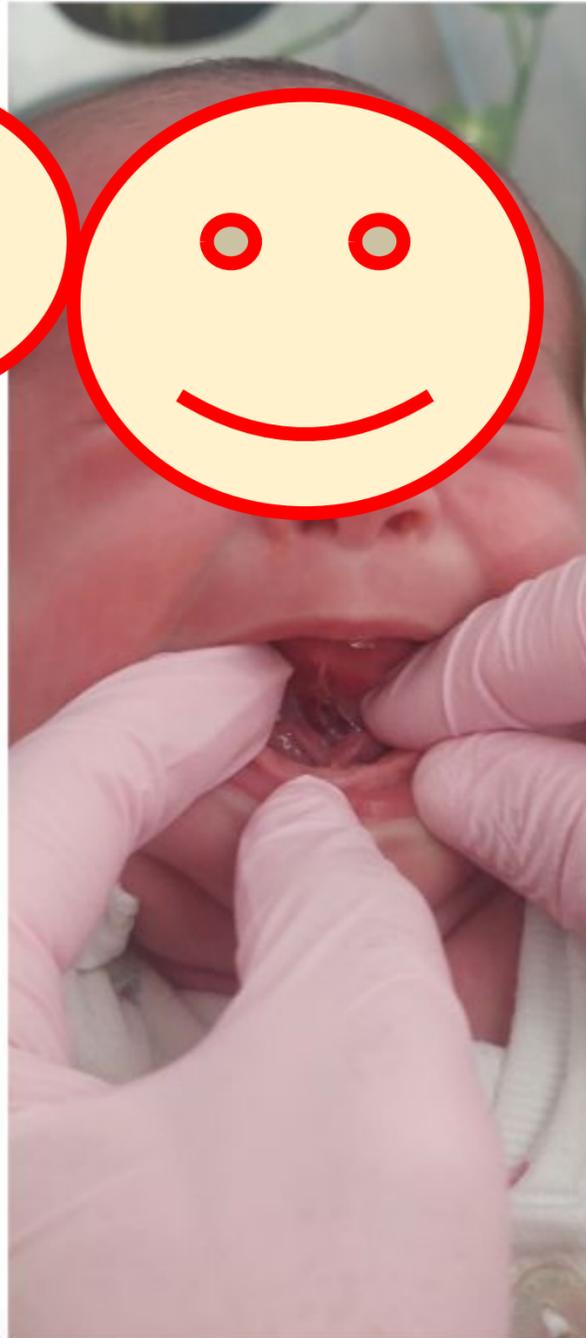
[Article in English, Spanish]

Marta Costa-Romero^{1,2}, Blanca Espínola-Docio^{2,3}, José M Paricio-Talayero⁴, N Marta Díaz-Gómez^{2,5}

Affiliations + expand

PMID: 34813240 DOI: 10.5546/aap.2021.eng.e600

Pais estarem alertados para a existência de anquiloglossia que leve a limitações funcionais e desconforto na amamentação



Pais estarem alertados para a existência de anquiloglossia que leve a limitações funcionais e desconforto na amamentação



Pais estarem alertados para a existência de anquiloglossia que leve a limitações funcionais e desconforto na amamentação



Neodentes deve ser avaliado individualmente baseando se na interferência com a amamentação ou risco de aspiração



Perspetiva para o futuro

“EVERY CHILD BORN IN 2026
AND THEREAFTER SHOULD
STAY CAVITY-FREE DURING
THEIR LIFETIME”



March 2021

Recommendations for new caries-related policies

“Em Portugal, 59% das crianças com 6 anos têm cáries dentárias”

“47% das crianças de 6 anos escova os dentes apenas 1 vez por dia”

“63% das famílias com menores de 6 anos nunca visitaram o médico dentista”





“DESAFIO DA BOCA”





Módulo 7: Medicina dentária e higiene oral no bebé e na criança – Dr.ª Joana Frois

Família

Escola

Psicologia

Pediatria

Médico de família

Terapeuta da Fala

Terapia Ocupacional

Enfermagem

Otorrino

Pneumologia

Imunologia

Fisioterapia

Preventivo

Interdisciplinar

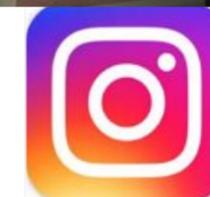






Obrigada

Joanafroismd@gmail.com



Joanafrois