International Journal of Paediatric Dentistry 2004; **14:** 239–240

Editorial

From the cradle to the . . .

The contents of this issue of the Journal span the age spectrum of Paediatric Dentistry – from consideration of the impact of early nutrition and diet in the preterm child and for its dentition, to consideration of how we ensure a seamless transfer of child and adolescent patients, for many of whom we have provided extensive, regular and comprehensive care, to adult dental services.

The paper by Davenport *et al*. explores a different perspective to the one that has grabbed dental headlines in the last 5 years – the link between preterm birth and periodontal disease in the mother, to concentrate on the risk to the dentition of inappropriate weaning practices amongst the families with a preterm child.

More fundamental systemic disturbances, such as in diabetes have been demonstrated to affect dental tissues, in a study by Atar-Zwillenberg and Spornitz. Results from animal studies on the rat are extrapolated to humans and remind the reader of the vulnerability of developing dental tissues to systemic upset.

Most paediatric dentists are familiar with dental anomalies, though not usually so many in one patient, as reported by Dash *et al*. Other case reports in this issue remind readers, once again, of the important contribution that dentists make in alerting medical colleagues to medical disturbances, based on dental findings that have significance not only for the patient but also other family members: Papillon–Lefèvre syndrome and Naevoid Basal Cell Carcinoma syndrome. In both these reports, dental features of the syndrome were the presenting conditions and facilitated correct diagnoses in these cases.

Excessive reliance on soft drinks is a world-wide problem not only because excessive consumption leads to squash bottle syndrome in young children but also an increased prevalence of both dental erosion and caries in all young people. The paper by Hunter *et al*. highlights the reliance by schools on vending machines to provide drinks for older pupils during the day – knowing that half a young person's daily intake of fluids will be during school hours. This is clearly inappropriate. No less appropriate is the high consumption of fluoride from beverages in some countries, as highlighted in the paper by Farfan *et al*. where incorporation of fluorides into manufactured drinks and foodstuffs produces a 'halo effect' and the potential for excess ingestion of fluoride.

Another preventive topic, the optimal placement of fissure sealants, is covered in the paper by Ansari *et al*. and draws our attention to the need for prophylaxis prior to placement of sealants for good retention, contrary to the statement on this in the BSPD's own Policy Document. It will be helpful in this debate if these findings can be reproduced from *in vitro* studies.

Behaviour management is a central tenet of Paediatric Dentistry so the paper by Folayan *et al*. drawing attention to the modulating effect of culture is a timely reminder of the very complex nature of the presentation of patient anxiety.

In a second paper in this issue from the Cardiff team of Hunter *et al*. the results of a questionnaire survey of specialists in Paediatric Dentistry as to their views on the need for a speciality of Special Care Dentistry are presented. It would appear that the majority of those responding felt that this was appropriate – for the continuing oral and dental care of all those children who survive into adulthood and beyond. As the Royal College of Paediatrics and Child Health document, 'Bridging the Gap. Health Care for Adolescents' (1) points out, many of these children are cosseted through their 'paediatric' years only to be abandoned by services once they reach late adolescence. It is up to us to ensure that this does not happen in dentistry.

JUNE NUNN
May 2004

Reference

1 *Bridging the gap*. *Health Care for Adolescents*. London: Royal College of Paediatrics and Child Health, 2003.