

Non-Pharmacological Management in Severe ECC: A Case Report

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Introduction

Effective behavior management in children's demands personalized, flexible and adaptable strategies that comprehend cognitive, emotional, and social aspects.

Non-pharmacological approaches necessitate learning and honing interaction skills while prioritizing the patient's emotional well-being.

Case Report

Patient profile

- A 2-year-8-month-old male, Frankl-2 scale
- Extended breastfeeding
- Cariogenic diet
- In social risk

Oral health status

- Presented severe ECC:
- Exhibited root rests in his 4 upper front teeth
- ICDAS 5 caries in all first primary molars.
- Deciduous dentition, high cariogenic risk, caries activity



In the first and second session the intraoral exam could not be performed, so different stages in the treatment were defined. Initial adaptation sessions focused on addressing the patient's uncooperative behavior.

1. Behavior Management
2. Preventive treatment
3. Interim therapeutic Treatment

1. Behavior Management

The child's developmental stage was taken into consideration to select the types of interventions and psychological strategies to implement.

During the sessions different adaptive techniques were used, such as:

- Distraction using audiovisual media, watching the patient's favorite show and singing along with him, and playing with him with a toy
- Tell show do
- Positive reinforcement
- Presence of parents
- Voice control.

From the third session onwards, he started gradually cooperating with the treatment, allowing the intraoral exam, photography and prophylaxis to be performed.



3. Preventive treatment

- Fluoride application
- Prophylaxis and Glass Ionomer Cement sealants (GIC) on teeth 7.5 and 8.5
- Hygiene instruction and suggestions for a non-cariogenic diet

4. Restorative treatment

Inactivation of caries and application of GIC on tooth 5.4

Pulpectomy on teeth 5.2, 5.1, 6.1, and 6.2

GIC filling on 5.2 and 5.1

ITR restoration on teeth 6.4, 7.4 and 8.4

Pending IRT restoration on 6.1 and 6.2



Conclusion

Successful implementation of these strategies circumvents the necessity for hospital admission under general anesthesia, mitigating potential health risks and reducing financial burdens for families.

References

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