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I20 Early Childhood Caries and Child Neglect: A Preliminary Report

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The goal of this presentation is to describe the correlation between Early Childhood Caries (ECC) and the phenomenon of child neglect.

This presentation will impact the forensic science community by underlining the importance in order to sensitize oral health physicians to this problem and prevent child maltreatment.

Introduction: Dental caries is an infectious, contagious, and multifactorial disease that was recently identified as the single most common chronic childhood disease. Increasingly dental caries in infants or ECC, if persistently left untreated, is recognized as part of the phenomenon of child neglect, in particular dental neglect, since dental caries, periodontal diseases, and other oral conditions, if left untreated, can lead to pain, infection, and loss of function, thus reducing an infants' quality of life.

Moreover, the effects of EEC can be long term, increasing risk for dental problems later in life, and interfering with basic social functioning, as well as optimal growth and development.

This kind of child maltreatment, resulting in failure to seek or obtain appropriate dental care, often results from many risk factors that usually interact, such as: parental ignorance or depression, intimate partner violence, lack of finances, family isolation, child's disability, and lack of perceived value of oral health.

Some researches reported a relationship between abuse and oral care among samples of children who underwent maltreatment and other studies highlighted that income seems to influence infants' medical and dental care access and quality.

The goal of this work is to describe the correlation between ECC and the phenomenon of child neglect, analyzing causes, consequences and manifestations, in order to inform and sensitize oral health physicians to the problem of dental neglect and prevent this kind of child maltreatment.

Materials and Methods: A random sample of 63 parents/guardians afferent to three pediatric services in Bari was delivered a self-report questionnaire. Over half of the sample (37 subjects) were males and 26 were females. Their mean age was 4.9 years.

The questionnaire recorded socioeconomic, demographic, and dental service-use data about their family and children. Information about general health, diet, and oral hygiene habits were also collected.

Each questionnaire was completed by a clinical dental examination carried out on each child of the family. For the description of the dental conditions we followed Wyne nomenclature for ECC.

Results: The analysis of data collected showed: of examined children, 63% had EEC; 48% were coded type I, 13% type II, and 2% type III. Among infants fed with baby bottles (36.5%), 78% were affected by type I EEC and 22% by type II ECC, while children not fed with baby-bottles had lower percentage of ECC (30% type I and 7.5% type II), as 60% of infants were ECC free.

Concerning plaque debris, this sample revealed that 51% had poor debris and 49% medium or large debris. With reference to plaque, it is important to assess possible coexistences of plaque debris and EEC.

Infants' oral hygiene habits were analyzed, which showed results that among subjects who never used toothbrush 2 showed type I and type II EEC. Of children who reported to brush their teeth once a day, 68% were affected by type I and type II ECC, becoming 46% among infants who reported to brush their teeth twice a day, while 70% of subjects that stated to brush their teeth three times a day were suffering from type I EEC.

The last factor analyzed was socioeconomic status, considering first father/mother employment/unemployment and secondly the category of job (mean income), and EEC type.

Among the analyzed sample, 50% of infants unaffected by EEC belonged to low income families, while the remaining 50% could be divided into: 37.5% of children belonging to medium income families and 12.5% belonging to high income families. 43% of infants with type I ECC belonged to low income families, 40% to medium income and 17% to high income. Type II ECC in 87.5% of cases was observed in children belonging to low income families, while in 12.5% type II was observed in medium income families' infants. The only case of type III ECC belonged to a low income family.

The greatest part of parents/guardians appeared aware of the importance of infants' oral hygiene, and informed about preventive measures to avoid dental problems, especially ECC.

In conclusion, even though it is a preliminary report, the study presented provides a contribution in the prospective view of sensitize dental specialists, since recognizing and reporting child neglect, or even child abuse, can be achieved only with an accurate knowledge and information of maltreatment phenomenon

Early Childhood Caries, Child Neglect, Socioeconomical Status