



Why do you always pull my tongue forward and feel my neck after you look at my teeth?

Oral cancer is one of the most common forms of cancer and accounts for over 8,000 deaths per year. Probably one of the most significant reasons why it is so deadly is that often the early signs are ignored or "watched". Once the cancerous lesion has advanced into the underlying tissues and causes an ulcer, pain, or other symptoms, the tumor may have already metastasized. Treatment for advanced oral cancer is often very disfiguring and painful.

The signs and symptoms of oral cancer often mimic very common conditions of the mouth, such as "pizza burns" or "stress blisters." Unfortunately, this is why a more serious diagnosis is often overlooked. Any sore or lesion in the mouth that does not heal within two weeks, any lump or thickening in the cheek, or any painless white or red patch in any area of the mouth should be evaluated by a dentist as soon as possible (www.oral-cancer.org). Although there are some obvious risk factors like excessive consumption of alcohol, tobacco use of any kind, and a family history of cancer, everyone is at risk for oral cancer. In fact, 25% of those diagnosed with oral cancer have absolutely no risk factors!

The best prevention for oral cancer is to have annual cancer screening exams performed by a dentist. The exam is quick and easy, usually taking less than a minute. In my practice, all of the tissue of the mouth are inspected under good lighting and magnification. I look for any change or abnormality in the appearance of the tongue, lips, cheek

Simple Dental Visit May Save Your Life

lining, floor of the mouth, and throat. For visualization of the floor of the mouth and back of the tongue, I gently hold the tongue between my fingers with a piece of gauze and pull gently forward. Of special focus is the "coffin triangle," which is the area between the last molar and under the tongue, where many severe oral cancers develop unnoticed until it is too late. If a lesion is discovered, I may ask to see the patient in 1 week for re-evaluation because a "normal" oral lesion typically would disappear or reduce during this time period. If the lesion persists, a photograph of the lesion is taken and either a simple, painless, and reliable brush biopsy is taken for testing or a direct referral to an appropriate surgeon is scheduled.

If you and your loved ones are not being routinely checked for oral cancer, please schedule a screening with your dentist. I feel so strongly about this that we offer complimentary oral screenings in our office. The good news is that if caught early enough, oral cancer can be completely cured, even if it means to treat all remotely suspicious lesions aggressively. Please call either your own dentist or my office to schedule your oral cancer screening today.

Are tooth-colored crowns available for kids' teeth?

Children's teeth are much different than adult teeth. The enamel is much less dense, the dentin is much thinner, and the anatomy of primary teeth is very different from adult teeth. Cavities advance much more readily and quickly in baby teeth than they do in adult teeth, so they need to be treated as soon as possible.

Because of the unique anatomy and biochemical structure of primary teeth, filling preparations are different from adult

teeth and the types of restoration selected are very specific for the location and size of each cavity. Since the front teeth usually come out about the age of 6, simple tooth-colored bonding is usually used for repair. Although resin-bonding tends not to last for more than a few years on children's teeth, this restoration is appropriate for front teeth because the teeth will likely be lost prior to bonding failure.

Restoring the molars with esthetic fillings is a more complex issue. These teeth typically will not be lost until about age 12, and they are very important for normal development and growth of the jaw. Therefore, a restoration must be required to last for up to 10 years in many cases. Although resin bonding may be a very nice alternative in small cavities where the need for strength is not present, it simply is inadequate for restoring cavities that are either very low relative to the gumline or involve more than one surface of the tooth. Therefore, a full-coverage restoration, such as a crown, is the only logical choice and is what is recommended by the American Academy of Pediatric Dentistry (www.aapd.org/media/Policies_Guidelines). The exception to this may be if the tooth is anticipated to be lost within 1 or 2 years, in which case a bonded resin restoration may be more cost-effective.

Unfortunately, the types of pediatric crowns available are very limited. Most commonly used are stainless steel pre-fabricated crowns that are selected for size and modified to fit each tooth. Although they are very predictable and function very well, they are unsightly in color. There are a few manufacturers who have tried to coat the stainless steel with resin or with porcelain. These crowns do tend to look a little better, but the facings tend to break off easily, and the crowns cannot be

adjusted. Therefore, tooth-colored pediatric crowns have not been a big success to date.

Although most kids do not share the cosmetic concerns of their parents and do like to show off their "shiny teeth", some parents simply do not want their children to have the appearance of stainless steel teeth. In this situation, the only option is to restore the teeth with tooth-colored bonding and gamble that the fillings are going to "beat the odds" that research has proven. It is important for the parents to remember, however, that tooth-colored fillings tend to be more expensive, take longer to place on average, and are not recommended by the AAPD for large fillings on molars. They also need to realize that tooth colored fillings on back teeth will likely need to be replaced during the lifetime of the tooth with deeper and larger ones.

I am often asked how I would treat a child if he or she were my own. The answer is simple. Since I would want my child to endure the least amount of discomfort and sit the least in a dentist's chair, I would choose the stainless steel crown for a back tooth and a bonded-resin filling for a front tooth.

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