Comprehensive Infant Oral Health Care

Contents

Introduction

Infant children < 12 months and it is easy to discount oral health in infancy, Critical time for formation of habits which affects individual future oral health which is overall health & wellbeing, maintaining healthy baby teeth is important for proper growth & development. In recent years the value of OHC during infancy are recognized & IOHCP which has gained attention globally

Definition

Professional intervention within 6 months after the eruption of the first primary tooth or no later than 12 months of age directed at factors affecting the oral cavity, counseling on oral disease risk and delivery of anticipatory guidance

- AAPD

Historical Background

1927 ASPD (American Society for the Prevention of Dentistry for children) founded

1937 GV Black…oral care beginning “as soon as baby has tooth”

1941 American society of Dentistry for children

1942 American Board of Pedodontics

1948 American Academy of Pedodontics

1967 □ AAP…promoting children's health care

1986 □ AAP's….infant oral health care policy statement

1994 □ term ECC….CDC meeting

2002 □ "Dental Home" concept, JADA publication

Goals of Infant oral health

Nowak (1997) gave rationale…. Logical & compelling argument

- Identify, intercept & modify the harmful parenting practices
- Parent education
- Parent/caretaker orientation to perceive dental services
- Periodic evaluation

First dental visit

Traditionally 1st dental visit is in 3 yrs of age, Nowak (1997) said it should not be no later than 12 months of age . 1986, AAPD said it should be within 6 months of the eruption of 1st primary tooth

Recent knowledge about cariology & prevention □ 1st visit as soon as tooth erupts in oral cavity, Child's 1st dental visit must be an enjoyable experience mostly a mutual assessment session, Lenchner (1975) postulated hypothesis about disruptive dental behavior

Examination of the infant

Objectives are

- Introduction to dentistry
    - Foundation for +ve attitude
    - Pleasant, non threatening intro.
- Risk assessment & oral exam.
    - Medical history, feeding, oral health, clinical finding, social & physical env.
    - Evaluation – head, neck, oral cavity
- Prevention
    - Parent's preventive counseling

Examination procedure

Knee to knee examination

Lap examination

Guideline on Infant Oral Health Care

1986 → AAPD, 1st infant oral health-care policy…Revised 2012

- Oral health risk assessment
- Caries risk assessment
- Dental home
- Teething
- Oral hygiene
- Diet counselling
- Fluoride
- Injury prevention
- Non nutritive habits

Oral health risk assessment

By 6 months of age, which is given by primary Health care provider or qualified health care provider

Caries risk assessment

Caries risk data…risk assessment for making accurate clinical decisions, Infant oral health visit & dental home established by age 1 to find risk based primary prevention & promote sound oral health practices, Customize preventive plan from risk factors & protective factors

Establishment of dental home

ADA, AAPD & AAP reported by age 1 and Nowak(1999) described the term

"An ongoing, comprehensive relationship between the dentist and the patient, inclusive of all aspects of oral health delivered in a continuously accessible, coordinated & family centered way" Parents should establish dental home by 12 months. Initial visit should include history, examination, toothbrushing demo, CRA, determine preventive plan, periodic reevaluation and Providing anticipatory guidance

Characteristics of Dental home

- Accessible
- Family centered
- Continuous
- Comprehensive
- Coordinated

- Compassion-ate
- Culturally competent

Anticipatory guidance for 6-12 mon. of age

Milestone – eruption of 1st primary teeth, Oral development, Fluoride, Oral hygiene / health, Non nutritive habits, Nutrition & diet, Injury prevention

Teething

Latin term "Dentitio difficili" meaning difficult dentition, Signs & Symptoms – Intermittent localized discomfort, infla., irritability/malaise, flushing, drooling, bowel upset, loss of apatite. Many children don't have any apparent difficulties

Management of teething

- Non-pharmacological - Teething rings, Solid siliconebased rings, Hard, non sweetened rusk, Fruits & vegetables
- Pharmacological - Topical agents, Lignocaine based products, Choline salicylate based products, Systemic analgesics
- Alternative holistic medicine – Acupressure, Aromatherapy- clove, tea tree, olive, chamomile oil, Homeopathy –Ashton & Parsons infant powders
- General advice - no adding – sugars because they are cariogenic, Topical anaesthetic overdose cause infant hypoglycemia

Oral hygiene

Cleaning of gumpads with Small gauze (2" X 2"), clean every day twice for 2-3 mins. Cleansing with soft toothbrush reduce bacterial colonization

Diet counseling

AAPDs preventive pediatric dental care → role of carbohydrates & impact of snacking frequency. Accepted guideline for diet counseling are

- Infant should breastfed for atleast 6 months, use of Infant formula is acidogenic & cariogenic, don't put to sleep with bottle, Inappropriate bottle usage
    - Breastfeeding > 1 yr, night causes ECC, 12-14 months start drink from cup
    - >6 mon. F^-<0.3 ppm…dietary supplement
    - Reduce sugar consumption frequency, 4-6 oz fruit juice/day and ion-fortified cereals. Some Food cause choking hazard

Breast milk

Composition

3-5% fat, 0.8-0.9 % protein, 6.9-7.2 % carbohydrate…lactose, 0.2% mineral constituents, Energy content- 60-75 Kcal/100 ml, Pamela R Erickson…HBM is non cariogenic, Immunological protection against MS colonization….anti-S mutans IgA

Association between prolonged breast-feeding and early childhood caries: a hierarchical approach

260 children….18-42 months, no. of decayed teeth – measure of caries. Age, social variable, health, behavioral, oral hygiene related variable, plaque level, contamination. Result is Prolonged breast-feeding….not a risk factor for ECC, while age, high sucrose consumption b/w main meals & quality of oral hygiene were associated

More SG et al. Infant formula and early childhood caries. J Dent Res Rev 2018;5:7-11

Cariogenic potential of infant formula - Sucrose & lactose. Fermentable, reduce pH, dental caries, acts as a substrate….extra & intracellular polysaccharide

Breast and Bottle Feeding as Risk Factors for Dental Caries: A Systematic Review and Meta-Analysis

Meta analysis….cross-sectional studies….breastfed children less affected. 4 studies…bottle fed children…more dental caries ($p<0.05$). 3 studies….no association ($p<0.05$)

Fluoride

Optimal exposure…important, use of F^- is both safe & effective. Age-2 yrs, smear of paste, 2-5 "pea-size"….caries risk- professionally applied. Systematically administered F^-….water <0.6 ppm

Injury prevention

Age-appropriate injury prevention counselling. Play objects, pacifiers, car seats, electric cord. Properly fitted mouth guards and immediate management of sports-related injuries

Non nutritive habits

Digit or pacifier sucking, bruxism, abnormal tongue thrust. Important to discuss - need to wean from these habits, before malocclusion, skeletal dysplasias occur

Common conditions/Diseases of infant oral cavity

Natal & Neonatal teeth

Massler & Savara (1950) reported, Natal teeth present at birth, Neonatal teeth erupt during first 30 days of life. Congenital teeth, fetal teeth, dentition praecox

Titus livius in 59 BC prediction of disastrous events, Caius plinius Secundes….23 BC splendid future for boys, bad omen for girls. African tribes bring misfortune. England famous soldier. France & Italy conquest the world

Prevalence

One in every 11.25 to 30,000 births, Natal : neonatal….3:1. More predilections in females

Teeth affected

Lower prim. Central incisor. Bodenhoff 85 % mand. Inc, 11% max. inc.,3% mand. Canine & molars, 1% max. canine or molars

Clinical appearance

Hebling (1997)

- Category 1 –shell like crown, loosely attached, no root
- Category 2 – solid crown, loosely attached, little or no root
- Category 3 – incisal edge…just erupted
- Category 4 – mucosal swelling…palpable

Management

A radiograph should be made. King & lee…inflammation of Gingival tissue….CHX gluconate gel 3 times a day. Sharp incisal edge needs selective grinding, hyper mobile – extraction. Difficulty for mother to breastfeed - breast pump, bottling milk

Complications

Traumatic ulceration to sublingual area – Cardarelli, 1857. 1890…Riga & Fede described lesion histologically named it Riga-Fede disease. Treatment– smoothing edge, corticosteroids, teething rings, oral disinfectants, extraction, etc.

Comprehensive Infant Oral Health Care

Serving – Amount of food listed….product's Nutrition facts or food label. Diff. product diff. serving sizes such as Cups, ounces, grams, pieces, slices, numbers

1 serving

Veg & fruits - medium size apple/potato, 1 bowl salad, half to medium grapefruit

Bread, cereal – 1 oz cereal, ½ to ¾ cooked cereal, corn meal, rice, 1 slice bread

Milk cheese – one 8 oz cup of milk, 1 inch cube cheddar cheese

Meat, poultry, fish – 3 to 4 oz lean cooked meat, fish filet

Cleft lip & palate

Most common congenital deformities present at birth. Numerous theories and misbelieves exist such as solar eclipse, bad omen, anger from god. Still etiology remains mystery

Cleft – split/divided…muscle/skin/bone

Cleft lip – congenital deformity of upper lip…notching to complete division

Cleft palate – congenital split of palate…uvula, soft & hard palate, may/may not lip

Submucous cleft palate – cleft of muscle layer

Velopharyngeal insufficiency – inadequate Velopharyngeal closure…hypernasality

Development of palate

Primary palate - 5th week IU life….max. process + medial nasal process = intermax. Component/single globular process. Secondary palate - 6th week…primitive nasal cavity….separated, 6th week 2 lateral palatal shelves….develop behind, 7th week oral part….filled by dev. Tongue. Growth of palatal shelves…..vertically, 8th week stomodeum enlarge, tongue down, vertical to horizontal….contact in midline secondary palate, 12th week fusion completes…contact by sticky glycoprotein. Post. 2/3rd of hard palate gives rise to Glossopharyngeal, Max. ant. & post. Teeth and Soft palate & uvula

Development of cleft

Cleft lip occurs because of

- Dursy – His hypothesis says it is failure of fusion – median nasal & max.
- Failure of mesodermal migration….2 layered epithelial membrane (Fleischmann, Veau & stark)
- Rupture of cyst at site of fusion

Cleft palate occurs because of

- Alteration in intrinsic palatal shelf force
- Failure of tongue to drop down
- Non-fusion of shelves
- Fusion breakdown of inadequate Mesodermal migration
- Rupture of inclusion cyst
- Fusion is 1 week late in females

Etiology of cleft lip & palate

- Heredity
- Environment – teratogens….thalidomide, rubella, valproic acid
- Mutant genes – Example: lobster defect-cleft
- Chromosomal aberrations
- Inc. maternal age
- Dec. blood supply, def. folic acid & vit A

- Multifactorial inheritance

Associated syndromes - Down's syndrome, Wardenburg's syndrome, Vander woude's syndrome, Orofacial digital syndrome, Treacher collins syndrome, Pierre robin syndrome, Klippel feil syndrome

Incidence of cleft

0.3 to 6.5/1000 live births……1:500 in Asians

Negroid race….least…..mongoloid…..maximum, Cleft lip…males….cleft palate …..females

Unilateral clefts….more common, Left side, Family history. Combined – 50%, isolated case-25% each

Classification – Morphological, embryological and graphic methods, Davis and Ritchie (1922), Veaus (1931), Kernahan & stark (1958), Spina (1974), Kernahans stripped Y (1971), Millards modification of stripped Y (1976)

Clinical features - Severity & form…..vary considerably and nasolabial deformity is seen

Dental problems - Congenital missing, Ectopic eruption, Supernumerary, Anomalies – size & shape, Enamel hypoplasia, Deep, cross bite, Crowding, spacing

Multidisciplinary approach

- Dental specialities - Ortho,prostho, pedodontist, oral surgeon
- Medical specialities - Genetics, otolaryngology, pediatrics, plastic surgery, psychiatry
- Allied health care fields - Audiology, nursing, psychology, social work, speech pathologist

Prenatal ultrasonographic diagnosis of cleft by Ultrasonographic examination

Parental attitude & prenatal counselling - Parents….not prepared, stressfull

Feelings – guilt, sadness, anger, fear. Weacher (1959) ….parental attitudes – child appearance, surgery, feeding, speech & intel. dev, others reaction, finanacial problems, recurrence

Sequencing of treatment

- Stage 1 – Infant appliance stage (till 18 mon)
- Stage 2 – primary dentition stage (18 mon – 5 yrs)
- Stage 3 – late primary/early mixed stage (6- 11 yrs)
- Stage 4 – Permanent dentition stage (12-18 yrs)

Stage 1 – Infant appliance stage

Feeding problems causes diff. to maintain adq. Nutrition. Insufficient suction, excess air intake, nasal discharge, Various feeding tech….bottles/supplies…..McNeil prosthetic appliance

Clinical management

Appliance positioned….excessive pressure reduced, Parents instructed about placement, removal & cleaning. Infants seen after 2 days, 1 week to accustome. Monthly observation….until 3 mon. of age

Feeding advice

- ✔ **For infant with cleft lip only – normal method, even breastfeed**
- ✔ **With cleft palate – specific bottles, special feeding techiques**

Presurgical Nasoalveolar molding (PNAM)

Helps in reducing the severity of initial cleft deformity

Hullihen (1844) presurgical prep. Of clefts….adhesive tapes

Esmarch & kowalzig (1892) bonnet & strap…stabilize premaxilla

Brophy (1927) narrowing cleft….passing silver wire

McNeil (1950) series of plates….mold cleft segment

Georgiad & latham (1975) pin retained active appliance

Grayson BH (1993) new tech….presurgically mold

Cutting (1998) described PNAM in detail & popularized

Rationale

First 6 weeks after birth, high estrogen fetal circulation and inc. hyaluronic acid which Alter elasticity cartilage, ligament & connective tissue

Basis for PNAM….Matsuo, 1988. Stimulate…immature nasal chondroblasts…interstitial expansion

Appliance fabrication & design- Molding plate….hard, self cure acrylic material**,** Ideal thickness – 2 to 3 mm…..frenum – relieved**,** Small opening…6 to 8 mm diameter. Retention button….45 ° downward & outward. Two separate grooves…..receive elastics. 1 mm distance….b/w grooves and Molding plate…secured extraorally (3M steri-strip R1541) Width – quarter inch, length – 3 to 4 inch**.** Skin barrier tapes – duoderm/tegaderm, Elastics – 0.25 inch diameter, force 100 gms

Appliance activation

Pt. recalled…adj. molding plate done in weakly interval, Selective removal of hard acrylic + soft denture base, Negative sculpturing & passive molding, Incorporation of nasal stent ,

Nasal molding + alv. Molding….from day 1 (Figueroa), Delayed….size of alv. Cleft – 5 to 6 mm (grayson), Stent – 0.36 inch SS wire, "swan neck" shape. Attached – labial flange…..entering 3-4 mm nostril aperture. Bilobed. 3 force vectors acting – upward anterior, downward and posterior.

Recall & follow up

Weekly interval. Primary surgical repair – lip, nose, alveolus 3 to 4 mon., rule of 10…..permit surgeon gingivoperioplasty. PNAM after lip surgery

Advantages

- Improves the postsurgical esthetics
- Enables to perfom gingivoperioplasty
- Surgical procedure simple, single
- Increases symmetry of nose
- Treatment is Less expensive
- Pt. gain weight and achieve Long-term result

Complications

- ❖ Excessive pressure ulceration, irritation & bleeding
- ❖ Fungal infection
- ❖ Extra oral tapping….rashes on cheeks
- ❖ Improper stent – meganostril
- ❖ Excessive rotation
- ❖ Premature teeth eruption
- ❖ Dislodgement, airway obstruction

Research in PNAM…Modifications

- Split molding plate
- Elastic chain as nasal bridge
- CAD NAM – rapidform 2006 software

Oral lesions in infancy

Disease of oral cavity are often misdiagnosed or left untreated. Lesions confined to oral cavity gives clues. Thorough clinical exam., knowledge needed for diagnosis, manag., parent counsel.

Gingival/Dental lamina cyst of neonates

Appears as a Small, multiple, nodular, white to creamish lesions on the crest. Prevalence (13.8%)…no gender predilection. Histopathology keratin filled true cyst. Trt – self resolute

Epstein Pearls

1880….Alois Epstein, Non odontogenic, keratin-filled cyst….prevalence (35.2%). Entrapped epithelial remnants. Nodules mid palatal raphe. Trt – not indicated

Bohn's nodules

It is a Keratin filled cyst, having prevalence (47.4%). It is a Derivatives of palatal salivary gland structures….buccal or lingual mucosa…..hard palate. Histology mucous glands & ducts. Trt – not indicated

Eruption cyst/Hematoma

Clark et al reported 6 cases, Bodner et al reported 2 cases. Origin is deg. Cystic changes from reduced enamel epithelium. Clinically it appears as bluish, dome shaped, translucent, compressible swelling, overlying erupting tooth. Diagnosis – FNAB. Trt – marsupialization or surgical extraction

Epidermoid/Dermoid cysts

Incidence – 7% occurs in head & neck, 30 cases reported in neonates. Common sites are Floor of mouth, submental (23.3%), Asympt., slowly growing and patient has feeding diff, resp. distress. Diagnosis – USG, MRI, CT, FNAB, histopathology. Trt – surgical enucleation

Infections

Neonatal osteomyelitis - Incidence – 7/1k hospital admission….1.6:1**,** Risk factors, causative organism – staphylococcus aureus, group B streptococcus, Gram –ve organisms. Fever, edema, redness, swelling, conjunctivitis, nasal discharge. Diagnosis - +ve blood culture & tests, trt – empirical regimen +/- surgical intervention

Neonatal herpes simplex

Hass & Batignani…1930s…incidence 1 in 3-20,000. Types I & II. Incubation period – 4 to 21 days, symptoms appear 6 -21 days. Vesicular eruptions seen and it ulcerate. Diagnosis – serological tests, CSF, viral cultures. Trt & prophylactic measure – antiviral therapy

Neonatal candidiasis

2nd most common cause of mortality having incidence 2-20%, Transmission – vertical or external contaminations, Candida albicans (75%)….glabrata, krusei, tropicalis, parapsilosis. Oraly white plaques….hyphae, epithelial cells, necrotic tissues. Meningitis, endophthalmitis, CV manifestations, UT infections. Diagnosis – Fungal culture, Trt – topical and systemic therapy

Traumatic lesions

Mucocele

Most common benign salivary gland problem. Etiology – trauma…minor SG, duct is totally or partially blocked. Clinically bluish, translucent, fluctuant swelling, firm……..mechanical obstruction during feeding. Color …..normal to white

Types – extravasation and retention. Superficial mucocele…..burst spont., Diagnosis – FNAB, histopathology

Treatment

No plain puncturing….enucleation + removal adj. minor salivary glands. Excision – 2 approaches - Eliptical incision around lesion and it is excised. Superificial incision, tissue separated and lesion excised

Complications

- Recurrence (50%)
- Excision of lower lip may cause harm to labial branch of mental nerve

Diff. approaches for mucocele management

- scalpel
- Micro
- marsupialization
- Medications – Gammalinolenic acid & steroids
- Cryosurgery
- Laser ablation (C02,Er, Cr:YSGG)
- Electrosurgery

Ranula

Another common retention cyst….*Ranula Pipiens* – frog. Etiology – retention cyst….duct rivini, Wharton's….congenital & traumatic. Clinically – floor, soft, cystic fluctuant, bluish Plunging ranula – when it extends to neck. Incidence -0.74%

Treatment - Marsupialization

Riga-Fede disease

Rare benign reactive mucosal disease….Riga (1881) and Fede (1890), Trauma …..natal/neonatal teeth….Riley-Day syndrome, lesch-Nyhan syndrome, Tourette's syndrome, etc. Domigeuz-Cruz et al (2012) – precocious and late. Clinically ulcer, uni/multifocal, painful, ventral surface of tongue….. Lip, palate, ging, vest. Mucosa, floor. Diagnosis clin. Exam., histopathology. **Trt** corticosteroids, teething rings, oral disinfectants, smoothing edge, extraction

Breastfeeding keratosis

Active sucking during and between breastfeeding. Kiat & Bouquot (2013) reported in 2 mon old child. History unusual habit of active lip sucking….b/w feeding sessions, lesion requires no treatment

Developmental disturbances of tongue

Aglossia & Microglossia

De Jussieu…1718…….35 cases, Etiology fetal cell traumatism, Malformation in extremities, cleft palate & dental agenesia. Consequence is Lack of muscular stimulus and severe dentoskeletal malocclusion. Treatment is Adv. Position - bilat. Mandibular Distraction osteogenesis or glossopexy tech. and Tongue lengthening by z-plasty tech, Free tissue transfer and Palatal drop prosthesis

Macroglossia

True incidence having unknown etiology. Congenital syndromes Down (1/700), Beckwith-wiedemann (0.07/1k). Vogel et al (1986) – true macroglossia and relative macroglossia. Assess the oral cavity, airway. Vit. Deficiency hypothyroidism, unusual body morph. acromegaly. Trt – surgery such as Midline & peripheral glossectomy

Ankyloglossia

Tongue is fused to floor of mouth / lingual frenum – short which causes impaired tongue mobility, Prevalence in neonates – 1.7 to 10.7%. Breastfeeding difficulty & nipple pain . treatment is Frenotomy. Griffiths et al reported 215 newborns treated with frenotomy, performed, 38% no bleeding and 52% few drops of blood.

Fissured tongue

Grooves which vary in depth on dorsal & lateral aspect, Etiology unknown and it has polygenic mode of inheritance. Pt is asymptomatic. Clinical feature- Prevalence – 6-11%....totally benign condition, Depth – upto 6 mm, asymptomatic but debris entrap

Treatment- No definitive therapy other than proper oral care

Geographic tongue/Benign migratory glossitis

Psoriasis mucositis seen in dorsum of tongue with constantly changing patters shows serpiginous white lines + smooth, depapillated mucosa, Prevalence 1.05 % to 1.85%.....0.89% (children). Different etiological factors, Clinical feature area of loss of papillae…erythematous atrophic bald patches, well demarcated, slightly raised, white, yellow or greyish serpiginous border. Mostly asymptomatic. Diagnosis is migratory history,C/E, histopathology- Monro's abscess, electron microscopy

Trt

- ✔ Reassurance - benign & self limiting
- ✔ Maintain adq. Oral hygiene

- ✔ topical steroids, topical anesthetic agents, vitamin A therapy, antihistamines
- ✔ Tetracycline/cyclosporine

Autoimmune diseases

Neonatal Pemphigus Vulgaris

Rare vesiculobullous disease, Rucco et al (1975) 1st case, Transplacental passage of maternal IgG against desmoglein 3, Cutaneous/mucosal ulceration, Diagnosis - histopath., immunofluorescence. Symptoms spont. Resolve in 2-3 wks.

Tumors

Congenital epulis of newborn

Rare benign tumor stated by Neumann (1871), M:F – 8:10….incidence 0.0006%, Etiology – odontogenic, neurogenic, endocrinology, etc. Lobular/ovoid, sessile/pedunculated swelling, normal/reddish muc. Surface. Diagnosis – USG, CT/MRI, histopathology. Treatment - Wait & see approach for spontaneous regression. If not, Surgical excision, there is no recurrences.

Hemangioma

Most common vascular benign neoplasm, Prevalence 2-30%....head & neck(60%), trunk (25%), extremities (15%) common sites are Oral- Lip, buc. Muc. Tongue, palate, uvula. It has Various predisposing factors. Kasabach-Merritt syndrome…thrombocytopenia. Diagnosis – FNAC, MRI, USG, histopathology, immunohistochemistry. Treatment- drugs, laser, surgical corrections

Lymphangioma

Benign neoplasms, 50% cases noted at birth. Prevalence is 1-3/10,000 live births, common in head & neck(75%), trunk, abdomen, extremities. Clinically slow, progressive lesion with Sup. blue-black/red hemorrhagic elevated nodules. Patient shows macroglossia, sialorrhea, dysphagia, ulcerations, deformity of jaws & diff. in speech & mastication & feeding problems. Diagnosis - MRI/CT/USG, histopathology., lymphatic markers , chromos. Analy.Trt - surgery, cryotherapy, electrocautery, steroids, embolization, laser surgery

Teratoma - Epignathus

Rare form of teratoma from base of skull, hard palate, mand., Female (3:1), 1 in 35 k to 2 L live births. Unidirectional protruding growth with intracranial extention, cleft palate & bifid tongue/nose. A fetoprotein, Airway obs., fetal death. Diagnosis – clinical examination, USG, CT/MRI. Treatment - Surgical excision, chemotherapy, Prognosis – poor, Mortality – High

Oral Choristoma

Rare aberrant developmental disorders. Head and neck – common in tongue, floor of mouth, pharynx, and hypopharynx. Include salivary gland which is asymptomatic, large

masses, causing obstruction in feeding and respiration. Diagnosis is clinical examination, imaging, and histopathology. Treatment is complete surgical excision. No recurrence

Salivary gland neoplasms

Sialoblastoma

Taylor (1988) coined it as "embryoma" (tefft-1966). It is a rare salivary gland neoplasm of epithelial origin…30 cases. Parotid, submand. Gland involes facial nerve palsy. Diagnosis – MRI, histopath.Trt- surgical excision…Recur-34%

Hemangioendotheioma (HAE) of parotid

Benign neoplasm present at birth with F:M (3:1), Course proliferation …follow. Involution phase. Clinical it is multiple, rapid growing with cutaneous lesions. Diagnosis – imaging, histopath. Trt. – surgical resection

Malignant Neoplasms

Hasen Xue et al…extremely rare in newborns, Head and neck followed by trunk and extremities

- Malignant melanoma (hard palate)
- Spindle cell sarcoma (tongue)

Conclusion

Goal "every child has a fundamental right to his or her total oral health" Preventive dental assessment & treatment Program to promote overall health.

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