



## Oral Habit and its Relation to Pediatric Dentition

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Habits are acquired automatism, represented by an altered pattern of muscle contraction with complex characteristics, which proceed unconsciously, and regularly [1]. Infants satisfy their sucking urge through nutritive sucking, including bottle and breastfeeding, as infants have inherent sucking drive. Infants satisfy their psychological needs through nonnutritive sucking on objects such as pacifiers, digits, or toys. At the age of 4 to 5 years, oral habits like pacifier and digit sucking habits were replaced by other coping mechanisms. If these oral habits continue beyond this age, will be associated with a harmful effect on the developing dentition and also indirectly influences the swallowing pattern. Oral Habits (OH) have an adverse effect on the normal growth and development of musculoskeletal problems during childhood and adolescence stages of life. These oral habits are complex with learned patterns of muscular contractions. Initially, it starts with consciousness, and later it continues in an unconscious state. The adverse effect of oral habits on health was determined by its intensity, frequency, and duration. In this context, as teeth erupt and get in contact with all the relations already established, visible and transitory or permanent alterations start to appear, these results in bone and muscle disorders and malocclusion in children [2,3]. Habits affects the eruption of the tooth and its position, which will lead to malocclusion and affects verbal communications.

Parent's education and socioeconomic status play an essential role in the prevalence of nonnutritive sucking habits (NNSHs), which lead to the development of malocclusion and its associated adverse effect on children teeth. Nonnutritive sucking habits (NNSH) cause malocclusions by the pressure exerted through an object, or a digit resting on the teeth [4]. Effect on malocclusion is more severe as the duration of habits is longer. The effect of pacifier habits is associated with the posterior cross bites, anterior open bite and reduced overbite. Prolonged digit habits are associated with increased overjet, anterior open bite and sometimes digit deformities were also reported which required surgical correction. A dental surgeon usually encounters these oral habits during routine diagnosis procedures, and they should be adequately diagnosed and do the proper treatment plan. If

this was not diagnosed at the proper time and the treatment was delayed, later treatment in the advanced stage of developing malocclusion may be complex, time-consuming, and costly to correct the problem, sometime it may require fixed orthodontic treatment and orthognathic surgery.

The cost, time and resource implications of the treatment of malocclusions caused by prolonged oral habits are significant for many patients, especially those who are unable to afford such care. So, these habits require proper attention to provide essential care to child patients [5]. Hence, dentists play an important role in diagnosing oral habits and its associated malocclusion in children and execute the proper treatment plan at the early stage.

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