



The Parent Knowledge's regarding Early Eruption of the FPMs and How to Distinguishing from the Primary Teeth

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Abstract

In this editorial the author discuss the important of the parent's knowledge on early eruption of First permanent molars (FPMs) and their distinguishing from the primary teeth.

Keywords: FPMs; Parent Education; Caries; Oral Health

Dental caries remain the most common oral health disease, because the limited access to the oral health, However, the children have representing the highest rate of the extracted teeth due to decay [1]. Many previous studies have been focusing on the important of the FPMs as an index for the caries prediction and their role in establishing the good functionality of the dental-maxillary anatomy [2,3]. In addition the FPMs are considered as a key of the permanent dentition, because it is the earliest erupted teeth, their eruption will change the exiting primary dentition into the mixed dentition [4]. FPMs are erupting distally to the second primary teeth, as a result of this; the temporary teeth start to change to the permanent teeth. Although these teeth are facing many challenges because of their complex anatomy and location, are still considered the most important teeth in the mouth. The early eruption at age of 6 years making them more susceptible to dental caries and consequently the early loss because of, the child unable to maintain the oral hygiene, as well as more frequency of sugar. Moreover, the parents do not aware regarding the FPMs as permanent teeth, they think it is a temporary teeth and it will exfoliated later. Therefore, they are neglecting their oral hygiene [5, 6]. Several retrospective studies were conducted all over the world and reported the high ratio of FPMs with poor prognosis [6]. FPMs was the most extracted teeth due to decay in compare to other teeth [7]. The early loss of this tooth before age 15 years may lead to decrease in post extraction space, accelerated the eruption of the second and third permanent molars, decrease in the proximal car-

ies, retrusion and lingual tipping of incisors, as well as rotation of the occlusal plane in counter clockwise. Although several education programs have been conducted all over the world, the oral hygiene is still not improved. The causes could be the limited access to oral hygiene due to Low level of parent education and low family income. The patient education level and the learning opportunity are differ, therefore it is important to evaluate the patients' knowledge to establish a suitable education programs to reduce the tooth lose rate and improve the oral health [8].

Therefore we recommend the following dental and oral health programs:

- Education and motivation should start at early age especially at kindergarten to educate the teachers and baby sitters regarding diet consuming and tooth brushing.
- Parental perception regarding FPMs should be evaluated, to create awareness to the parents about the importance of FPMs because most of them are unaware that these teeth are the first permanent teeth.
- Use photo to illustrate and cast model to explain the differences between FPMs shape and other primary teeth.
- Insurance coverage for dental treatment especially the preventive measures such as preventive resins restoration and topical fluoride applications to reduce the caries risk as possible.

- Oral hygiene status should be evaluated for the mother because it has a primary model for her child behavior.
- Mandatory dental check up.

Conflict of Interest

None.

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