

Short Note on Enamel Hypoplasia

Jing Ling*

Department of Pediatric Dentistry, Medical College of Nanchang University, Nanchang, China

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Description

Enamel hypoplasia, also known as Hypoplastic teeth, occurs when the enamel of a tooth is formed correctly or improperly. There are many reasons for this, including illness, prenatal problems, and environmental conditions. Enamel problems usually appear as the teeth grow, but they can affect both baby teeth (primary teeth) and adult teeth (permanent teeth). Enamel can be defined as the hardest tissue in your body. Enamel is composed of a highly organized structure of calcium phosphate crystals that can last for decades. Tooth enamel must withstand some of the harsh conditions in the mouth. Acids from food and bacteria always eat it. It may be submerged in sub-zero temperatures or very hot. It also applies various forces when chewing, chewing, chewing, and crushing. But one of the things enamel can't do is regrowth. Enamel, once damaged, cannot be regenerated or repaired by itself.

Symptoms

Some of the signs of enamel hypoplasia are obvious, but others are more difficult to detect and may go unnoticed until they cause more serious dental problems. Thin enamel can lead to: Pit, small groove, dent, crack, White spots, Tan discoloration (where the lower layer of dentin is exposed), Sensitivity to heat and cold, Lack of tooth contact, irregular tooth wear, Sensitivity to acids in food and drink, Retention of harmful bacteria, increased vulnerability to tooth decay and cavities.

Causes

Enamel hypoplasia occurs when the special cells that produce dental enamel are disturbed during a particular stage of enamel formation (the matrix formation stage). A wide variety of factors can potentially cause such a disturbance, including both genetic and environmental factors. The hereditary factors that lead to enamel hypoplasia in children consist primarily of relatively rare genetic disorders, such as amelogenesis imperfecta and Ellis vanCreveld syndrome.

Current research suggests that environmental factors that may

increase the risk of enamel hypoplasia in children include the following: Premature birth, Low birth weight, Malnutrition, including vitamin D deficiency rickets, Diabetes, Gestational diabetes in the child's mother, Viral and bacterial infections, including congenital syphilis, Inflammation, Dental trauma, Ingestion of large amounts of fluoride Enamel hypoplasia can also be caused by some rare inherited disorders, such as: Amelogenesis imperfect, Usher syndrome, Seckel syndrome, Ellis Van Creveld syndrome, TreacherCollins syndrome, Otodental syndrome, 22q11 deletion syndrome, Heimler syndrome.

Other few conditions that can lead to Enamel hypoplasia includes: Poor nutrition, Celiac disease, Kidney and liver disease, Infectious diseases caused by viruses and bacteria, like urinary tract infections and upper respiratory infections, Cerebral palsy caused by maternal or foetal infection, Exposure to some chemicals and drugs, such as lead paint, pica, and tetracycline's, Trauma to the teeth.

Treatment

Treatment for enamel hypoplasia generally depends on the severity of the condition. In milder cases, dentists may recommend normal maintenance and care with special attention given to the affected area to avoid tooth decay. In some cases, cosmetic adjustments such as bleaching may be required to match the discoloured teeth with the whiter, unaffected teeth. For more serious conditions, the dentist may recommend a sealant, filling, or crown.

Prevention

If you or someone in your family suspects you may have enamel hypoplasia, book with your dentist immediately. The earlier the enamel hypoplasia is detected, the more effective the treatment. There is nothing you can do to prevent hereditary enamel hypoplasia, but there are some easy ways to reduce or reverse the environmental causes of enamel hypoplasia. Adding supplements of Vitamin A or D to your diet can help to strengthen developing teeth. Green, leafy vegetables and increased consumption of milk can also help.