

# Dentistry for Kids

Shari C. Kohn DDS, PA



## A Word From The Tooth Fairy<sup>2</sup>

Produced to improve your dental health and awareness

Fall 2010

### fromthedentist

In 2010 The *Maryland State Board of Dental Examiners* implemented new requirements for any dentist in Maryland who practices **Conscious Sedation**. The rationale behind these guidelines is to protect the citizens of Maryland from those dentists who have not taken appropriate courses in "sedation dentistry"- those without the proper training - from harming patients.

Dentists are increasingly administering anesthesia and sedation on an outpatient basis. It is in the best interest of the public and the dentists of Maryland to require dentists who administer anesthesia and sedation to meet certain minimal training and competency standards. "Requiring a dentist to obtain a permit before the dentist may administer anesthesia, sedation, or both is the best method to ensure that such administration is performed by competent dentists trained in the use of such techniques."

I have recently become one of the first Pediatric Dentists in Maryland to be certified in Moderate Sedation by the Maryland State Board of Dental Examiners. I had to demonstrate that I received adequate advanced training in sedation and held a current certificate in *Pediatric Advanced Life Support*.

The permit obtained followed:

- an office facility inspection of oxygen and gas delivery systems and backup systems fail-safe;
- an evaluation of all equipment used during sedation including monitoring devices and emergency drugs;
- a clinical evaluation consistent with the age level of the patients treated;
- an evaluation of my protocol to safely administer sedation techniques; and
- an evaluation of my ability to effectively respond to sedation related emergencies.

This is just another example of *Dentistry for Kids* doing our best to be on top of all new issues and requirements in Pediatric Dentistry. I was one of the first tested and now will serve the State Board by becoming an Examiner of other dentists for this license.

Fondly,

Dr. Shari Kohn

Shari C. Kohn, D.D.S., P.A.



*The Sparks' Shark brushing his teeth!*

### Tooth Brushing... IN BED?

Oftentimes parents ask us - *what is the best way to brush my toddlers' teeth?*

Well - our answer sometimes surprises them! In Bed! *Why in bed?* Well ... there are many reasons why brushing in bed is a good option.

First of all, when your child is lying down it is much easier for you to see. Mouths are dark - and wet! When a child is lying down, the tongue drops back out of the way and the light gets in better, and it's easier for you to hold the lips back and get the toothbrush at the gumline. It is important, however; to remember you are only to use a "smear" of toothpaste on the last few bristles of the brush. This minimizes the amount of bubbles so that you can see. In addition, it minimizes the amount of fluoride toothpaste they swallow. If brushing in bed isn't appealing, try laying your child on the floor or sofa.

# SPOTLIGHT ON COMMUNITY

Dr. Kohn is always active in the community, but she has gone a step farther and gotten her staff involved in the local community as well!

To kick off the "Tooth Fairy" movie at Hunt Valley cinemas, LaToya Waters and Wendy Warfield created a display and some healthy dental tips and information to give out to the movie patrons. Lots of fun for staffers & kids!!



Recently, staffers LaToya Waters and Karen Sarubin participated in the health fair at Timonium Elementary School. They were very excited to participate in such an informative event for the school and community.



**"Healthy Teeth are Happy Teeth"**

The Sparks Elementary health fair that was held in April this year had several display booths as well as guest speaker presentations. Danielle Bisesi our hygienist, was pleased to be a speaker and present "Healthy Teeth are Happy Teeth" to the students at Sparks.

## Fluoride Is Scarce...

Fluoride is proven to help make teeth stronger and more resistant to cavities. For this reason, the current recommendations by the *American Dental Association*, the *American Academy of Pediatric Dentistry* and the *American Academy of Pediatrics* are that children in non-fluoridated water areas receive fluoride supplements. This is accomplished by simply taking or ingesting fluoride in the form of a liquid or chewable tablet. This type of fluoride is important for children with forming teeth – that is why it is not necessary for adults to take this type of fluoride.

Recently there have been many companies that have discontinued making the fluoride tablets and drops. We have been having difficulty purchasing fluoride and so have many of the pharmacies in our area.

If you have difficulty obtaining fluoride for your child, there is an alternative. You can simply have them drink bottled water (or tap water) that contains fluoride.

There are several brands that carry this kind of water. Some examples are Dannon, Deer Park and even Wegman's has it's own version. These bottles are usually small and are **8.5 fl oz**. Here is a guide as to how much of this water should be ingested (swallowed) instead of the tablets or drops. \* Some companies that sell bottled water in 5 gallon jugs also sell their water with fluoride.

Just because you have public water does NOT mean it has fluoride – call your local water company to find out for sure.

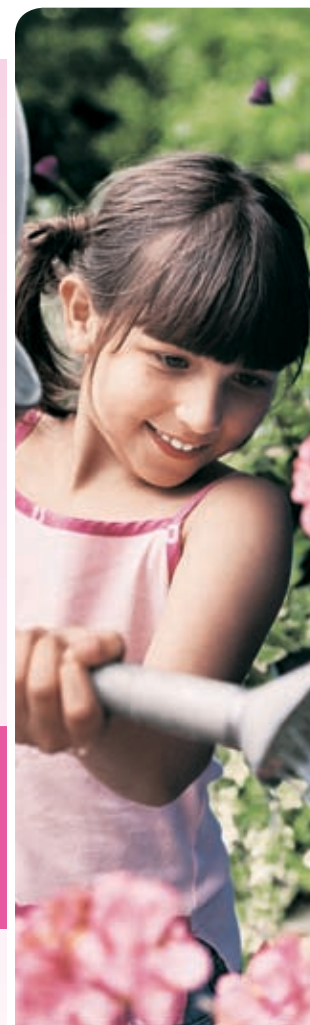
### Children's AGE

6 months to 3 years  
3 years to 6 years  
6 years until ALL permanent teeth formed

### Recommended Daily Fluoride Intake

1 bottle = 0.25mg F/day  
2 bottles=0.50mg F/day  
4 bottles=1.00mg F/day

**REMEMBER this is NOT in addition to any tablets or drops this is INSTEAD of them.**





## Why Is My Child's Front Baby Tooth Dark?

Despite our love of the pearly white smile of a child, darkened front baby teeth are a very common occurrence. Usually, "dark" teeth are the result of a trauma to the mouth; however, the darkness does not usually occur until weeks or, sometimes, months after the actual trauma. In hindsight, we sometimes remember the specific trauma which is the cause and sometimes do not.

While trauma is the most likely cause, a front baby tooth can be dark for other reasons such as cavities or stains from something in the diet such as iron or berries. In addition, some baby teeth will turn dark (or other colors) as they are loosening and getting ready to fall out.

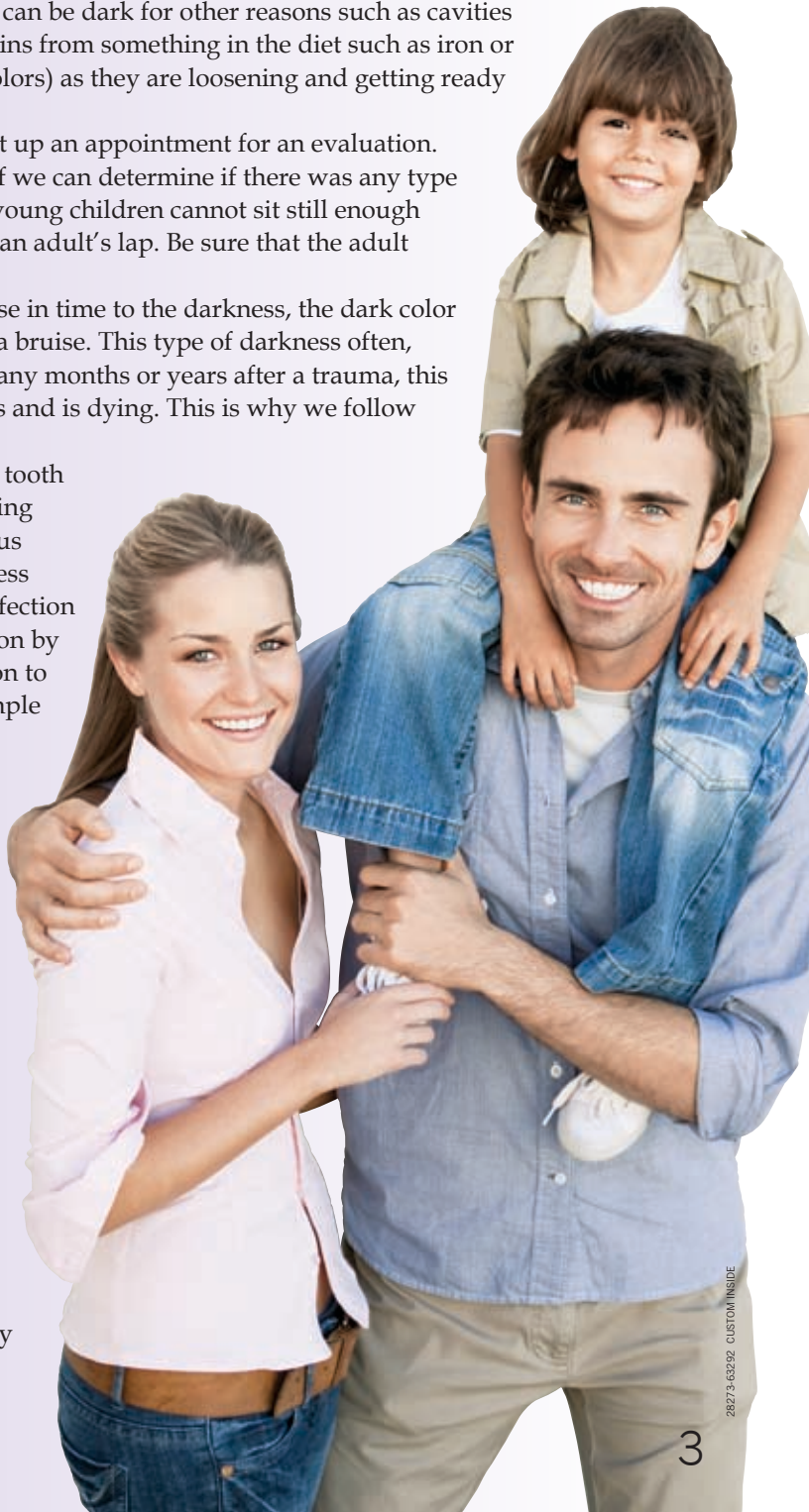
If you see a dark front tooth, you should call our office to set up an appointment for an evaluation. At that appointment, we will ask you some questions and see if we can determine if there was any type of trauma. We will also take an X-ray of the dark tooth. Many young children cannot sit still enough for an X-ray so we will need to take it while they are sitting on an adult's lap. Be sure that the adult accompanying the child is not pregnant or trying to conceive.

If the tooth did in fact have trauma, and the trauma was close in time to the darkness, the dark color could be the result of blood getting into the tooth – sort of like a bruise. This type of darkness often, but not always, diminishes over time. If the darkness occurs many months or years after a trauma, this may be a sign that the nerve of the tooth is undergoing changes and is dying. This is why we follow these teeth for several years with X-rays.

Always look at the gum surrounding the dark tooth (move the lip up or down) to see if you see anything suspicious. You are looking for any swelling or pus in the gum area. This is called an *abscess*. An abscess occurs when the nerve of the tooth dies and an infection develops. The body tries to rid itself of the infection by making a pathway out of the body for the infection to drain. This result is what looks like a circle or pimple like area in the gum near the dark tooth. Some of these will drain, looking like a pimple that has reached a head. Others will swell and not drain, causing the lip to look fat or puffy.

Please Note: *Dental infections can become very serious and life threatening if left alone. In extreme cases, the swelling can spread to the face. If your child's face swells to the point where it seems to be affecting their eye or eyes, you should go to an Emergency Room immediately – your child will likely need IV antibiotics.*

If the tooth is indeed abscessed treatment is needed. Treatment consists of either a *pulpectomy* (baby root canal) or *extraction* – which is the most common treatment for an abscessed baby tooth. We cannot leave an infection in the mouth, which can spread to other parts of the body. We also don't want to leave an infection in the vicinity of the forming permanent tooth otherwise its development can be affected.





## Congratulations Dr. Shari Kohn!

So far in 2010, Dr. Kohn has received two amazing honors.

In April, Dr. Kohn was selected as *Baltimore Magazine's Top Pediatric Dentist* in Northern Baltimore.

In May, Dr. Kohn was honored as one of Maryland's *Top 100 Women* by *The Daily Record*. A ceremony of celebration took place at The Meyerhoff Symphony Hall where Dr. Kohn was presented her award.

# Dentistry for Kids Is Thrilled To Announce...

Another PEDIATRIC SPECIALIST FOR EYES moves to our area!

We would like to welcome a very special Pediatric Specialist to our area. Dr. Lisa S. Abrams, a Pediatric Ophthalmologist has joined the Katzen Eye Group and will relocate her practice to the Lutherville/Towson area.

Professionally, Dr. Abrams is simply one of the best! A Baltimore native, she graduated with honors from *Harvard University* and *Johns Hopkins Medical School*. Dr. Abrams was a resident in ophthalmology and a fellow in Pediatric Ophthalmology and Strabismus at the Wilmer Eye Institute of Johns Hopkins Hospital. Dr. Abrams has served as an assistant professor of ophthalmology at Johns Hopkins University School of Medicine, an instructor of residents for the Department of Ophthalmology at Sinai Hospital, and most recently, as the leader of the Pediatric & Young Adult Eye Care Team at Parris-Castoro Eye & Laser Center. She is known for her expertise in treating both common and rare eye conditions such as *amblyopia* (lazy eye), pediatric and adult *strabismus* (surgical alignment of crossed or wandering eyes), blocked tear ducts, congenital eye diseases and genetic eye disorders.

Dr. Abrams currently lives in Pikesville with her husband of 23 years, Mickey, and their three sons Jake, Matt and Ben.

Personally, Dr. Abrams is Dr. Kohn's cousin and very close friend. Dr. Kohn's children are patients of Dr. Abrams and Dr. Kohn knows first hand, that Dr. Abrams' philosophy of treatment is very similar to ours - giving your children the very best care in a warm and nurturing environment.



**Dr. Abrams and the Katzen Eye Group are located at 1209 York Road, Suite 200, Lutherville, MD 21093 and can be reached at (410) 821-9490. We think you will love her as much as we do.**

## Dentistry for Kids

**Shari C. Kohn DDS, PA**  
**Melena Evancho, DDS**

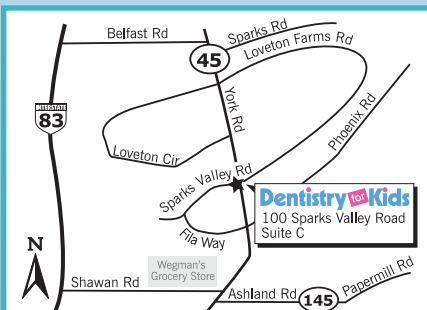
Christine Bartholomey - Office Manager  
100 Sparks Valley Road, Suite C  
Hunt Valley, MD 21152-9234

### Office Hours

Mon-Fri 8:00 am - 5:00 pm\*  
Saturday 8:00 am - 1:00 pm\*  
\* by appointment

### Contact Information

Office (410) 771-8200  
Fax (410) 771-8201  
Email thedentist4kids@comcast.net  
Web site www.toothfairy2.com



## Sippy Cups

Sippy cups can be a helpful tool when training children to make the transition from bottles to cups. It is best to use sippy cups only at mealtime. When the meal is over, the sippy cup should be left behind. If children are permitted to use sippy cups any time other than mealtime, the cup should be filled with WATER ONLY.

Sippy cups should never be used at naptime or bedtime unless they have water in them.

When children drink liquids other than water in between meals, they have a much higher risk of decay. Even if a sugary liquid is diluted, it is still harmful to the teeth when sipped throughout the day. These short, frequent exposures of sugars break down enamel very quickly.

Remember! The sippy cup is not a bottle and it's not a pacifier!

Any questions, feel free to check our website or talk with us at your next visit!

## Word Find

O	T	M	F	M	C	A	B	L	R	M
N	M	O	L	A	R	C	X	O	S	R
M	R	T	O	N	B	E	M	M	T	O
T	W	N	S	T	D	Z	R	B	P	T
W	T	L	S	O	H	X	A	T	B	U
X	N	S	K	Q	F	B	O	Z	E	V
U	S	P	I	S	Y	Q	R	R	M	X
R	Q	T	L	T	G	S	L	U	N	W
S	Z	B	E	V	N	T	G	X	S	Y
P	N	E	G	X	I	E	T	H	L	H
M	T	C	N	Z	J	V	D	J	P	O
H	R	F	I	A	L	X	R	K	L	P
Q	P	D	L	C	Y	T	I	V	A	C
U	U	G	L	E	M	W	P	R	Q	R
R	S	M	I	L	E	C	J	S	U	S
S	Z	H	F	G	N	F	Q	T	E	T

**TOOTHBRUSH**  
**DENTIST**  
**SMILE**  
**GUM**  
**MOLAR**

**FLOSS**  
**FILLING**  
**CAVITY**  
**BABYTEETH**  
**PLAQUE**