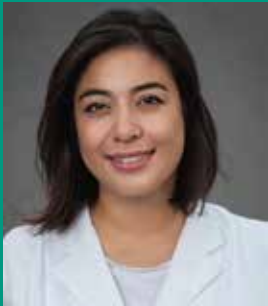




Diagnose and Therapy of Molar-Incisor-Hypomineralisation

Interview with **Dr. Dana Adyani-Fard**,
Germany



Dr. Dana Adyani-Fard graduated as a dentist at the Johann Wolfgang Goethe-Universität in Frankfurt am Main (Germany) in 2006. She has worked in several practices and has her own private practice since 2015. She is currently working as a consultant for several dental companies.

How do you currently diagnose molar incisor hypomineralisation (MIH) in your practice?

What are typical features of MIH?

Dr. Adyani-Fard: Currently, the diagnosis is made first clinically and by questioning for symptoms. Typical features are opacities with and without enamel defects, post-eruptive enamel breakdown and hypersensitivity.

What do you attach great importance to and what is important to consider in MIH therapy?

Dr. Adyani-Fard: Primary therapeutic goals are the pain control, the mitigation of hypersensitivity to cold and defect stabilisation in case of tooth substance loss in the enamel-dentine area.

Which forms of therapy do you currently use and which ones are successful?

Dr. Adyani-Fard: In practice, the pain is currently controlled by sealing with glass ionomer and a combined chairside application of high-dose CPP-ACP and fluoride preparations. For home use, the patient receives CPP-ACP and fluoride-based remineralisation pastes.

How often does MIH occur?

Dr. Adyani-Fard: The prevalence is increasing. About 24% of primary school children in Germany are affected. We also see an increased prevalence in our practice.



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