

## 01. INTRODUCTION

### child dental neglect is:

"failure of caregivers to provide prerequisites of proper oral function via seeking and timely dental treatment services necessary to be free from pain and infection."

-the American academy of pediatric dentistry

Children may be exposed to multiple kinds of maltreatment that manifest in the mouth, so health care professionals (including dental providers) need to be aware of how to evaluate and address these concerns. Maltreatment specially dental neglect that can have serious long-term effects.

This issue may be the presenting problem, noticed during a physical examination, children or adolescents may disclose information about experiencing abuse or neglect.

It is important for all health care providers (including dental providers) to be alert to and knowledgeable about signs and symptoms of child abuse and neglect and to know how to respond.



## 03. CONCLUSIONS

It is important for health care providers (including dental providers) to be aware that physical or sexual abuse may result in oral or dental injuries or conditions. Health care providers should be aware of when and how to document suspicious injuries and how to obtain laboratory evidence, photo documentation, and/or consultation with experts when appropriate. Furthermore, injuries that are inflicted by a perpetrator's mouth or teeth may leave clues regarding the timing and nature of the injury as well as his or her identity. Health care providers should be knowledgeable about such findings, their significance, and how to meticulously observe and document them. When questions arise or consultation is needed, a pediatric dentist or a dentist with formal training in forensic odontology can ensure appropriate testing, diagnosis, and treatment. Pediatric dentists and oral and maxillofacial surgeons, whose

advanced education programs include a mandated child abuse curriculum, can provide valuable information and assistance to other health care providers about oral and dental aspects of child abuse and neglect. The Prevent Abuse and Neglect through Dental Awareness65 coalition (<http://www.healthy.arkansas.gov/programsServices/oralhealth/Pages/PANDA.aspx>), which has trained thousands of physicians, nurses, teachers, child care providers, dentists, and other dental providers, is another resource for physicians seeking information on this issue. Physician members of multidisciplinary child abuse and neglect teams are encouraged to identify such dental providers in their communities to serve as consultants for these teams. In addition, medical providers with experience or expertise in child abuse and neglect can make themselves available to dentists and dental organizations as consultants and educators. Such efforts will strengthen our ability to prevent and detect child abuse and neglect and enhance our ability to care for and protect children.

## 02. INDICATORS FOR CHILD DENTAL NEGLECT

### 1-ORAL MANFISTATIONS

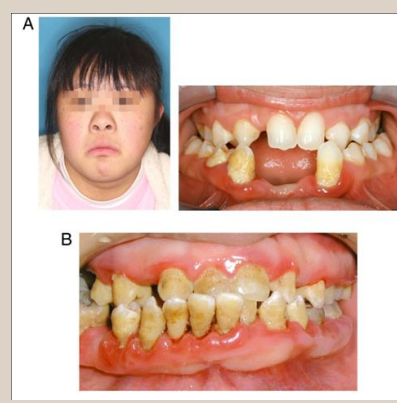
#### A-Dental decay

dental caries. Beside these, long-term health outcomes such as psychological, emotional and social adverse effects may arise that will affect the child's overall well-being.



#### B-periodontal disease

Most periodontitis cases among children and adolescents occur as a manifestation of certain systemic diseases with an impaired immune system that compromises their response to microbial plaque and increases the likelihood of periodontal bone loss and premature loss of their teeth.



#### C-malocclusion

Malocclusion, defined as a handicapping dento-facial anomaly by the World Health Organization, refers to abnormal occlusion and/or disturbed craniofacial relationships, which may affect esthetic appearance, function, facial harmony, and psychosocial well-being



### 2-SOCIAL DETERMENTS

Although child dental neglect may occur in any family, typical social determinants such as poverty, unemployment, homelessness, family isolation, illness, overcrowded housing, poor housing, economic status and substance abuse can attribute to this kind of maltreatment.

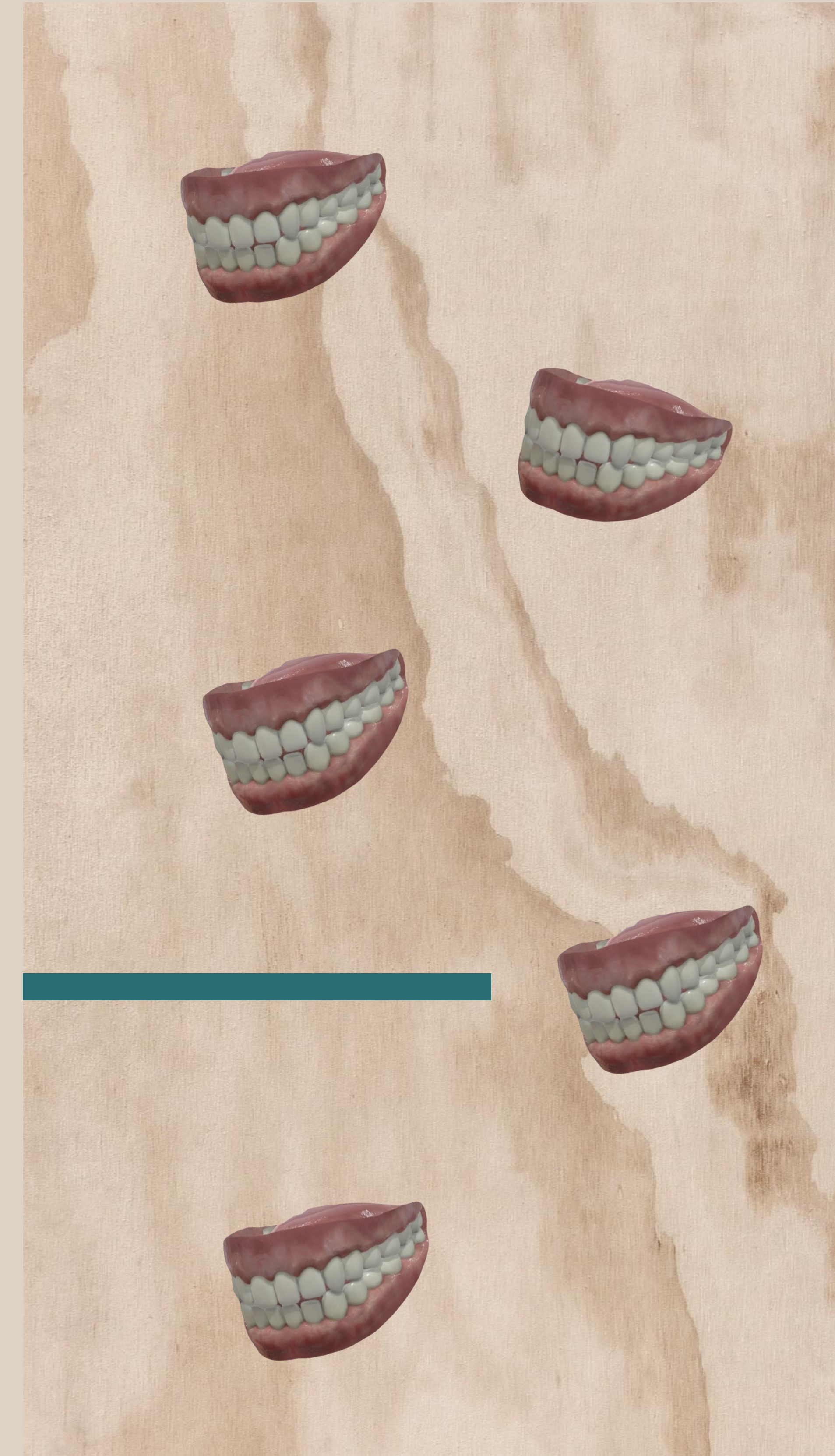
#### 1-CHARACHTARISTICS OF PARENTS

A-delayed attendance and repeated missed appointment for scheduled dental assessment

B-no interest for oral hygiene education

C-repeated attendance foe emergency pain relief

D-faliure to complete treatment plans and poor dental status



## A CROSS-SECTIONAL STUDY IN TRIPOLI

1000 first grade students in Tripoli

78%

Students with **Dental caries and its complications** (malocclusion, periodontal disease)

22%

### REFERENCES...

- 1-HELLOGG A. ORAL AND DENTAL ASPECTS OF CHILD ABUSE AND NEGLECT. 2022.
- 2- ALARAOI H, EODALI A, BOUFIS A. PREVALENCE OF DENTAL CARIES AND ASSOCIATED FACTORS AMONG SCHOOL-AGED CHILDREN IN TRIPOLI, LIBYA- A CROSS-SECTIONAL STUDY. 2022.