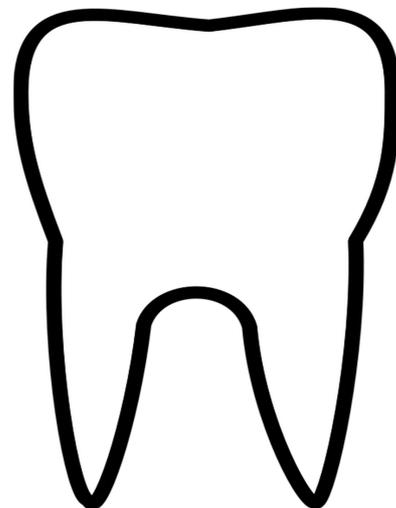


Information on Molar Incisor Hypomineralisation (MIH)

**Community Dental Department
Community & Therapy Services**

**This leaflet has been designed to
give you important information
about your condition / procedure,
and to answer some common
queries that you may have.**



Information for patients and visitors

What is Molar Incisor Hypomineralisation?

Molar Incisor Hypomineralisation (MIH) is a condition affecting the enamel of permanent teeth. Most commonly the first permanent (adult) molars and incisors (front teeth) are affected.

Normally, the enamel is white and very hard but in cases of MIH the enamel can be creamy or have a yellow / brown colour. The texture is often rough and tends to chip away very easily.

These teeth are often sensitive to cold and the child may be reluctant to brush them. They are also at a higher risk of developing dental decay which can be rapid. Children may also complain about the appearance of their front teeth.

Teeth are not necessarily equally affected and the front teeth usually do not have the same loss of enamel as the molars.

How common is it?

There are not many studies on this condition and figures from 3-25% of children have been suggested.

Why does my child have it?

Many reasons have been suggested but it is often unclear.

Some suggested causes are respiratory problems (chest problems), environmental causes, problems around the time the child is born such as prematurity, frequent childhood diseases and antibiotics.

What treatment will be needed?

MIH molar teeth are fragile and decay can develop easily and rapidly. Children need to be seen more regularly because of this, perhaps every 2-3 months. Treatment includes fluoride therapy (varnishes applied) and sealants where possible.

Sometimes these teeth will require fillings or placement of stainless steel crowns using local anaesthetic.

In some cases, the potential life span of some or all of the molars is limited and extracting the teeth may be necessary. This is best carried out around the age of 9 to allow the best movement of the remaining adult teeth to minimize any spaces. Often the opinion of an orthodontist may be sought first.

The incisor (front) teeth often require little or no treatment as the defects are usually milder.

Will all my child's teeth be affected?

Only the first molars and incisors are affected by this condition. All other adult teeth should be unaffected.



Information for patients and visitors

Remember

If your child has MIH it is important that they attend all their dental appointments as problems in these teeth may arise very rapidly.

Make sure your child brushes these teeth twice a day with a fluoride toothpaste.

Keep sugary drinks and snacks to a minimum.

Contact details for Further Information

Community Dental Department

Telephone:

Ashby 01724 742376

Cleethorpes 01472 721420

Cromwell 01472 255680

Ironstone 01724 292120

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital – you can contact the Patient Advice and Liaison Service (PALS) on 03033 306518 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital – you can contact the Patient Advice and Liaison Service (PALS) on 03033 306518 or at the PALS office which is situated on C Floor.

Alternatively you can email:

nlg-tr.PALS@nhs.net

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Diana Princess of Wales Hospital

Scartho Road

Grimsby

DN33 2BA

Scunthorpe General Hospital

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Scunthorpe

DN15 7BH

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Woodland Avenue

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Information for patients and visitors

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