

Management of Dental Erosion: Foundational Articles and Consensus Recommendations, 2020

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IAPD Consensus Recommendations

- 1.** Dental erosion is defined as the irreversible loss of tooth structure due to chemical dissolution by acids not of bacterial origin. The acid source can be intrinsic (e.g. gastric acid) or extrinsic (e.g. dietary acids).
- 2.** The primary dentition is more susceptible to erosion compared to the permanent dentition due to its thinner and less mineralized enamel.
- 3.** Once dental erosion is observed, the location and level of erosion should be documented by utilizing a scale (e.g. BEWE scale, Keels-Coffield scale).
- 4.** The acid etiology of the dental erosion should be explored. Acidic dietary exposures, history of gastroesophageal reflux disease (GERD) and Bulimia need to be considered. In pediatric patients, dental erosion on the molars is more common with GERD and dental erosion on the lingual of the upper incisors is associated with Bulimia. Dental erosion from dietary acids can appear on any tooth surface dependent upon how the individual drinks, chews, swishes, gargles or holds the acidic beverage or food in their mouth.
- 5.** If dietary acidic exposures is the culprit, then the patient and caregiver should be counseled to reduce acidic food and beverage exposure. One should avoid swishing any acidic beverages to avoid erosion of the facial surfaces of all teeth.
- 6.** If the child expresses symptoms of GERD (e.g. stomach aches, hot burps, heart or throat burning) then a referral to their medical provider should be made.
- 7.** If bulimia is suspected, then a referral to their medical provider is indicated.
- 8.** At each subsequent dental visit, dental erosion should be monitored and documented. Patients with erosive tooth wear should use an additional fluoride source like toothpaste or rinse preferably containing stannous fluoride. If the dental erosion is progressing, then the etiology needs to be re-addressed and appropriate management offered. Restorative intervention should be delayed as long as possible to allow for monitoring, Erosive lesions causing pain should be treated using minimally invasive restorative techniques.