

The Latest Recommendations for Treatment of Dental Caries

HISTORICALLY CARIES IS PRIMARILY AN INFECTIOUS DISEASE THAT THE INDIVIDUAL DENTIST HAS TREATED SURGICALLY. HOWEVER, THE DECISION TO INITIATE OPERATIVE THERAPY IS A SIGNIFICANT ONE, AS IT WILL RESULT TO SOME DEGREE IN UNAVOIDABLE WEAKENING OF THE TOOTH AND COMMIT THE PATIENT TO A CYCLE OF RE-RESTORATION.

While operative therapy may seek to eliminate the destruction caused by the disease, it is not a cure. The current understanding of the caries process suggests that this disease may be managed with more conservative measures, by controlling the factors responsible for its initiation and progress. In deciding to initiate operative therapy, therefore, the practitioner must conclude that no other, less invasive, means of treatment will be effective.

With this issue of *Dispatch*, the advisory board to PEAK (Practice Enhancement And Knowledge) is pleased to offer two articles that address this important subject.

The first article, "Fissure Caries - Recommendations for Clinical Practice" is from the journal of *Operative Dentistry*. This document represents the work of the Academy of Operative Dentistry, and provides evidence-based recommendations concerning the diagnosis and treatment of fissure caries in general practice. The nature of caries as an oral bacterial process is presented and specific therapeutic considerations are

discussed, taking into account factors such as common practice, prudence and professional judgement.

The second article is from *Quintessence International* and is entitled "Minimal Intervention: A New Concept for Operative Dentistry." The article supports the recommendations made in the first, and expands upon several treatment objectives that form the basis of the concept of minimal intervention for operative dentistry.

Key points to consider include:

- The aim of caries management is the control of the disease process.
- The caries risk status of the patient is integral to determining the most appropriate treatment.
- Protective procedures, such as fissure sealants, dietary modification, salivary stimulation and fluoride use are recommended.
- Demineralized enamel can be remineralized.
- Sealing undetected carious dentin will stop the caries process.
- Affected (lightly demineralized) dentin at the base of a cavity is relatively sterile and can be remineral-



Practice Enhancement and Knowledge

ized - this is particularly relevant in proximity to the pulp.

- There is no justification for removal of tooth structure simply to provide a theoretical resistance to further carious attack.

PEAK is a membership service started by the College last year. The goal is to regularly provide members with copies of key articles on a wide range of clinical and non-clinical topics from dental literature around the world.

It is important to note that PEAK articles may contain opinions, views or statements that are not necessarily endorsed by the College. However, the PEAK advisory board is committed in its desire to provide quality material to enhance the knowledge and skills of College members.

If you have any suggestions for subjects to be addressed by PEAK, or questions about this membership service, please contact Dr. Michael Gardner, Assistant to the Registrar, Dental, at 416-934-5616, toll-free at 1-800-565-4591, or by e-mail at mgardner@rcdso.org. 