



“The Problems we have can not be Solved at the Same Level of Thinking with which we Created them” Albert Einstein

Asli Topaloglu-Ak*

Department of Pedodontics, Istanbul Aydin University School of Dentistry, Turkey

Letter to Editor

This quote clearly explains the developments in managing dental caries overtime. Over approximately the last four decades, research covering cariology material science and dental restorative procedures has increased. This has resulted in a change in the understanding of caries process and in methods of managing its sequel. The caries process is now no longer defined as a continuous irreversible sequence of events. Instead there is a dynamic cycle of demineralisation in which tooth structures gain or lose calcium phosphate ions, depending on the changes in the pH of the local environment. This implies that it is not necessary to drill away early stages of enamel demineralisation but that the focus of carious lesion management should rather be directed to application of preventive measures and to altering the oral environment around the tooth with agents that increase the remineralisation process. Furthermore, in cases where the caries process has resulted in cavitation an invasive operative approach is inevitable, the focus is to remove only infected dentine whilst affected dentine, that has a potential to remineralise is left behind. These and other related developments have ultimately resulted in a new concept of managing dental caries, which is termed Minimal Intervention Dentistry (MID). In today's paediatric dentistry, this perspective helps to avoid pulp perforations and complicated treatment series in primary and young permanent teeth. In addition, it improves patient-dentist cooperation particularly among children with dental anxiety. Management of caries lesions must be tailored under the umbrella of Minimal Intervention Dentistry both in adult and children patients to avoid healthy tooth tissue sacrifice and dental fear.

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*Correspondence:

Asli Topaloglu-Ak, Department of
Pedodontics, Istanbul Aydin University
School of Dentistry, Turkey,
E-mail: aslitopaloglu@yahoo.com

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