

Molar Incisor Hypomineralization MIH- Overview

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Editorial

Molar Incisor Hypomineralization (MIH) is also known as nonendemic mottling of enamel, internal enamel hypoplasia, idiopathic enamel opacities, opaque spots, enamel opacities, idiopathic enamel opacities, enamel opacities, nonfluoride hypomineralization, cheese molars in the first molar, and idiopathic enamel hypomineralization in permanent first molars. For improved masticatory function and esthetics and to prevent the possibility of complications an early detection and appropriate therapy is advisable. Appropriately at the optimum age of 8 years the examinations for MIH should be performed since at that age possibly most of the incisors and all the permanent first molars would have been erupted. The MIH should be performed on clean wet teeth. The standardized treatment of MIH is available globally and in accordance with severity of case varies from a controlled clinical eruption for milder cases, to extensive and long term treatments in more complicated cases.

The choice of restoration or extraction is decided by the physician depending primarily on the condition of the affected tooth. This decision also depends on the patient's age, severity of MIH, presence of third molar germ(s), pulp involvement, long-term prognosis, tooth restorability, long-term prognosis, eruptive state, associated symptoms, long-term treatment cost, patient and family's expectations, as well as cost-benefit ratio following is a highly useful 6-step management approach for MIH. Following are the steps employed: early diagnosis, identification of risk, remineralization, dental caries prevention and PEB, restorations (Molar/ Incisor) or extractions, as well as maintenance.

Prevention:

Preventive therapy is the best approach in a newly erupted tooth and this may even avoid enamel breakdown. Along with therapy appropriate preventive and dietary advice can be

provided to patient and/or patient guardian.

Permanent Molar Restoration:

Permanent molars restoration options are mainly two possible treatments which could restore first permanent molars affected with MIH. These approaches are either the removal of complete defective enamel until obtaining healthy surfaces, or removal porous enamel removal only

Extraction:

Affected permanent molars that have not been detected for a long period best method to deal with is by extraction of these molars in combination with orthodontics as a mode of alternative treatment. The root bifurcation development of the lower second permanent molars is taken as a indication for the optimal time for extraction. Thus, 8 and 9 years is considered to be the optimal age for extraction of first permanent molars with a poor prognosis

Permanent Incisor Restoration:

Permanent incisor restoration has increased demands due to aesthetics over the year globally among kids and young adults. Unpredictability in the overall performance in reducing visibility of incisor opacity by invasive techniques is observed. White-creamy defects or creamy-yellow defects are lighter and less porous whereas, brownish yellow defects or yellow brownish defects are thicker and more porous and vary in depth throughout the enamel.

Teeth whitening and micro-abrasion

Tooth whitening as well as micro-abrasion is considered to be among the conservative techniques, and are the least invasive of all treatment options. Bleaching is employed on yellow or yellow/brown spots in incisors or molars, but whitish opacities could become more prominent after whitening treatment

MIH-affected molar treatment is multidisciplinary, and apart from that highly requires a preventive approach. A sound knowledge of the various restorative techniques is required. And in accordance to the severity of the defect and age of the patient, as well as child/ parent/guardian cooperation with the physician suitable approach is called for.

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