

molar incisor hypomineralisation

What is Molar Incisor Hypomineralisation?

Patients with Molar Incisor Hypomineralisation or MIH present with developmental malformation of one or more of the four permanent first molars, as well as any associated and affected incisors which are poorly calcified during their development and therefore the enamel is softer and more porous than usual.



Depending on the degree of enamel malformation, the teeth affected by MIH can present with small bits of enamel chipped/missing or the entire surface involved so that only the underlying dentine is seen. The teeth can also appear with white/yellow to brown discoloration.

What are the treatments available?

For mild MIH, fissure sealant and fluoride therapy is recommended for tooth that are not broken down. For moderate MIH, where the enamel is broken down, but confined to a small area, simple restoration (with Glass Ionomer cement and composite resin) is recommended.

For severe MIH in molars, a stainless steel crown is recommended for full coverage.



Difficulties in Management of Molar affected by MIH

- 1) Patients are usually very young around 6-8 years old when the problem is detected and therefore too young to accept extensive treatment.
- 2) Teeth involved are usually very sensitive.
- 3) It is difficult to numb the tooth even with injection.

Methods to Overcome Difficulties:

- 1) De-sensitize the teeth with fluoride gel.
- 2) Seal the teeth with a sealant early before the teeth get too broken down.
- 3) If the tooth is already broken down during eruption,
 - a) place a dressing using glass ionomer cement to prevent further loss of tooth structure.
 - b) once the tooth fully erupts, restore the tooth with stainless steel crown.
- 4) If the tooth is already very badly broken and causing the child severe pain, the child might benefit from an extraction.



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