



The diagnosis, prevalence and treatment of MIH

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Diagnosis

Molar Incisor Hypomineralisation (MIH) is an anomaly that can be observed on first permanent molars, regularly combined with a similar appearance on first or second incisors (Figures 1 and 2). Primary molars can also be affected, referred to as Deciduous Molar Hypomineralisation (DMH) (Figure 3).

Because only a limited number of teeth show an enamel hypomineralisation, it can be concluded that the disturbance of the mineralisation was limited to a demarcated period in the formation of the enamel of the entire dentition. This limitation can even be observed on the affected teeth themselves: the hypomineralisation can vary from a small restricted area to a severe encroachment of the entire tooth.

Because the development of the crown of the first permanent molar and incisor takes place in the first

three years after birth, this is also the period that we have to focus on in our diagnosis, when MIH is observed after eruption a few years later. Regarding DMH in the primary dentition, the focus should be on the period of pregnancy of the mother.

The clinical features of MIH can be described as:

- the enamel is locally opaque and discoloured (varying from white to brown) (Fig. 4)
- the enamel is soft and brittle
- the enamel is porous

As a consequence these teeth:

- can be very sensitive for caries. Due to the brittleness, parts of the enamel can easily break away and create retention places for plaque (Fig. 5). Moreover, because the enamel is poorly calcified, caries will develop easily in the direction of the dentine, rapidly creating very large lesions. This also occurs when the



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