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INDUSTRY STANDARD OF THE PEOPLE'S REPUBLIC OF CHINA

WS/T 208-2011

Replacing WS/T 208-2001

Diagnosis of dental flaorosis

(English Translation)

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Foreword

This standard replaces Ws/T zO8-zO01 "Clinical Diagnostic Criteria for Neon Spots".

Compared with Ws/T zO8-zO01, the main changes of this standard are as follows.

- Change from the original standard 8-level graduation standard to a 5-level graduation standard;

-Clarified the indications of the indexing standards at all levels;

- Added Appendix A and Appendix B.

This standard was proposed by the Professional Committee of Endemic Disease Standards of the Ministry of Health.

This standard was approved by the Ministry of Health of the People's Republic of China.

Drafting organizations of this standard. Endemic Disease Control Center of China Center for Disease Control and Prevention, Guizhou Provincial Center for Disease Control and Prevention, Shandong Province Institute of Disease Control, Xi'an Jiaotong University School of Medicine Affiliated Stomatological Hospital.

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1 Scope

This standard specifies the diagnostic methods for dental fluorosis in people in endemic fluorosis areas.

This standard is applicable to the division of endemic fluorosis areas and the evaluation of control effects.

2 Terms and definitions

The following terms and definitions apply to this document.

Dental fluorosis dental muc, ms Qin During the development of the tooth, the hard tissue changes of the tooth caused by the incomplete enamel mineralization caused by the body's excessive intake of fluoride, clinically, the naked eye it can be seen that the surface of tooth enamel loses its normal luster, and appears chalky, stained, and defect-like changes. It is also called dental fluorosis.

3 Diagnosis

Have a clear history of excessive fluoride intake during dental development, combined with clinical examination, in accordance with Appendix A, dental fluorosis diagnosis requirements, with the following 1 items.

Can be diagnosed as dental fluorosis.

a) Chalkiness. part or all of the tooth surface loses its luster, and opaque cloud-like or rough chalk-like stripes, spots, and spots appear Blocks, or the entire tooth surface showed white chalk-like changes.

b) Enamel staining. spots, flakes of light yellow-brown,, and dark brown lesions appear on the surface of the tooth.

Scrape off.

c) Enamel defect. the tooth enamel is destroyed and shedding, dots or even map-like pits appear on the tooth surface, the defect is shallow honeycomb, and the depth is limited to the enamel in severe cases, large areas of enamel are missing.

4.1 Normal

The enamel is translucent and milky white, and the surface is smooth and shiny.

4.2 Suspicious

The transparency of enamel has slightly changed compared with normal enamel, from a few white streaks to occasional white spots, neither can be diagnosed as very mild dental

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fluorosis it cannot be diagnosed as a normal tooth.

4.3 Very light

Small white stripes or paper-like white opaque areas are irregularly distributed on the tooth surface, and do not exceed 1/4 of the tooth surface. Common in the top of the cusp of the premolar and the second molar is a white opaque area of 1mm~2mm.

4.4 Mild

The chalky opaque area exceeds 1/4 of the tooth surface of the affected tooth, even the entire tooth surface is involved, and the tooth is dull. Some parts of the tooth surface show signs of wear Elephant, the maxillary anterior teeth can sometimes be blurred and stained.

4.5 Moderate

The chalky opaque areas are all over the entire tooth surface, and there are tiny independent pit-shaped defects on the lips and cheeks. The teeth may have obvious wear, but the teeth There is no obvious change in shape, brown coloration is common.

4.6 Severe

The surface of tooth enamel is severely affected, and it is obviously underdeveloped. The enamel defect appears to be fused, which is banded or flaky, and even affects the normal shape of the tooth.

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The tooth surface is widely colored, and its color can range from brown to close to black. The tooth often has an eroded appearance.

5 Differential diagnosis

The diagnosis of dental fluorosis should be distinguished from exogenous staining of teeth, enamel opacity, enamel hypoplasia, tetracycline teeth and dental caries, and the differential diagnosis method See Appendix B for the method.

Appendix A

(Informative appendix) Inspection Method A. 1 During the inspection, the dark light is sufficient to clean the lips and cheeks of the teeth to keep the teeth clean and dry.

A. 2 After checking the enamel damage on the lip and buccal surface of each tooth, select the 2 most damaged teeth and perform neon spots one by one according to the degree of enamel damage.

Diagnosis of dentition. If the two selected teeth are differently damaged, the less damaged

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neon spot will be used to diagnose the dental fluorosis.

Off index.

A. 3 Dental fluorosis of deciduous teeth and permanent teeth should be recorded separately. When deciduous teeth and permanent teeth exist at the same time, only permanent dental fluorosis should be checked.

A. 4 The inspection site is the lips and cheeks of the teeth.

Appendix B

(Informative appendix) Differential diagnosis B. 1 Exogenous staining of teeth Generally, it is plaque, tartar, soft scale and pigment (smoke, tea) stains deposited on the surface of the tooth crown. Often the tongue surface of the tooth is heavier than the cheek surface.

The jaw teeth are heavier than the upper teeth. Careful observation shows that it is attached to the tooth surface and can be removed by external force.

B. 2 Turbidity of enamel it is more common in one or a few teeth, common in the labial surface and deciduous teeth of incisors, rarely occurs symmetrically, and turbidity is concentrated in a certain area of the tooth surface and can be tired and the whole tooth, the damage is manifested by the appearance of milky white or yellow spots on the tooth surface, the boundary is clear, the vertical observation is more obvious under strong light, and the color is oily yellow or dark brown.

B. 3 enamel hypoplasia During the period of tooth development and mineralization, enamel development disorders are caused by nutritional deficiencies, endocrine disorders, or high fever diseases in infants and mothers.

The main feature of this disease is the formation of bands or dimples on the enamel surface. The depressions often have brown coloration. The main points of diagnosis are. this disease occurs in the same A tooth formed and erupted in a period of time. During probing, the surface of the defect is smooth and hard, while the color and transparency of the uninvolved tooth enamel are uniform.

normal.

B. 4 Tetracycline teeth Tetracycline drugs are taken during the period of tooth development and mineralization. Tetracycline drugs and dentin form a tetracycline calcium orthophosphate complex.

Teeth are diffusely colored, ranging from light gray, yellow or tan to darker gray, yellow or brown. Tooth enamel is normal.

B. 5 Dental caries

Under the influence of external factors, tooth enamel, dentin or cementum is a progressive destruction disease. Caries mostly occur in teeth the pits and fissures and adjacent

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