

Caries Management in the Primary Dentition

Management Technique	
1. Complete caries removal and restoration	<ul style="list-style-type: none"> • Considered best practice by the BSPD • Suitable for all types of restorable carious lesions
2. Partial caries removal and restoration	<ul style="list-style-type: none"> • Suitable for all types of restorable carious lesions • Dependent on a good marginal seal as not all caries is removed • Clear superficial caries and any obvious caries from the EDJ
3. No caries removal and restoration	<ul style="list-style-type: none"> • Fissure sealant (see page 215) • Hall crown (see page 218)
4. No caries removal+/-self-cleansing lesion and prevention advice	<ul style="list-style-type: none"> • Only advisable if no alternative is feasible • Cavitated/advanced cavities can be made self-cleansing if no other measures are feasible. No LA required – remove undermined enamel and apply F-
5. Extraction/review extraction until pain or sepsis	<ul style="list-style-type: none"> • Grossly carious unrestorable teeth • If the child is in pain/uncooperative, consider dressing with a corticosteroid paste and temporary dressing or if an abscess is present consider antibiotics and delay extraction • Consider balancing and compensating extractions

The management technique selected is based on the practitioner's clinical judgement, best suited to the individual clinical scenario and should be well documented. For techniques 1) and 2) restoration material choices include: composite resin, RMGIC, GIC (not for class II lesions) and preformed metal crowns.