

Correlation of Molar Incisal Hypomineralization and Early Life Medical History



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INTRODUCTION

- MIH is defined as a developmental qualitative enamel defect that affects at least one permanent molar and is typically seen in conjunction with permanent incisors.
- It is estimated to affect 1 in 6 children worldwide.
- The causative mechanism of MIH is still unclear. Multiple causes have been cited in literature including prenatal infections, antibiotic use, type of birth delivery, and respiratory illness.
- Patients are predisposed to higher rates of caries, require costly dental treatment and have increased rates of morbidity.

Fig 1.0 Clinical presentation of a MIH affected first permanent molar

OBJECTIVES

- Purpose:
 - To determine the correlation of a specific patient patient population that has been diagnosed with molar-incisal hypomineralization with: fever, mother's gestational health, gestation length, history of illness, and antibiotic use.

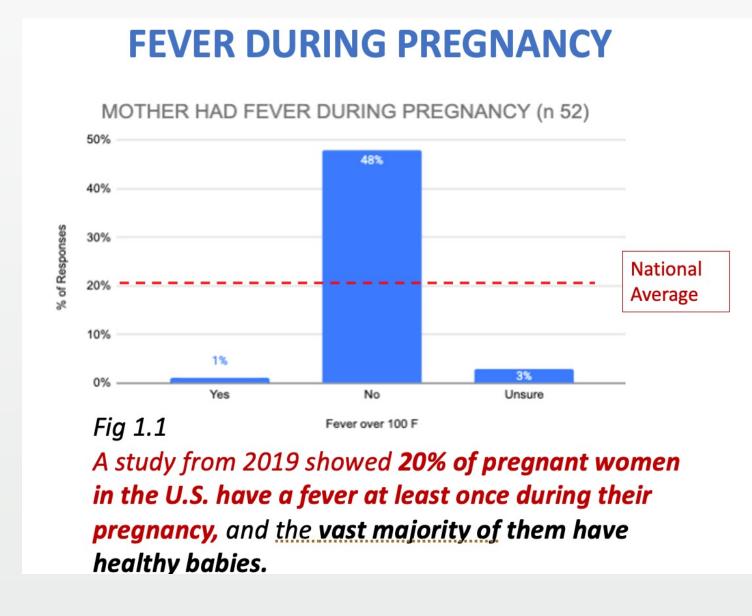
METHODS

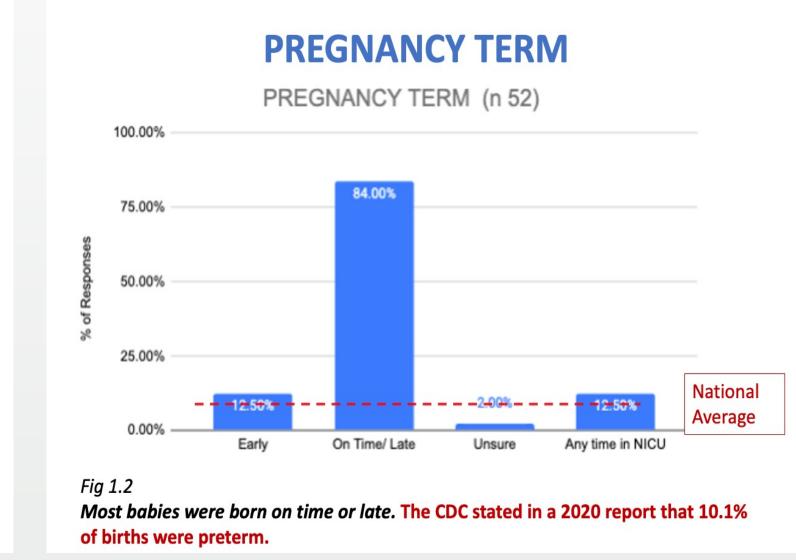
- 52 patients were diagnosed with MIH. Legal guardians were consented for study investigating MIH.
- Inclusion criteria: Patient needed be with within the ages of six to ten and present with hypomineralization on multiple permanent first molars or at least one permanent first molar and one incisor.

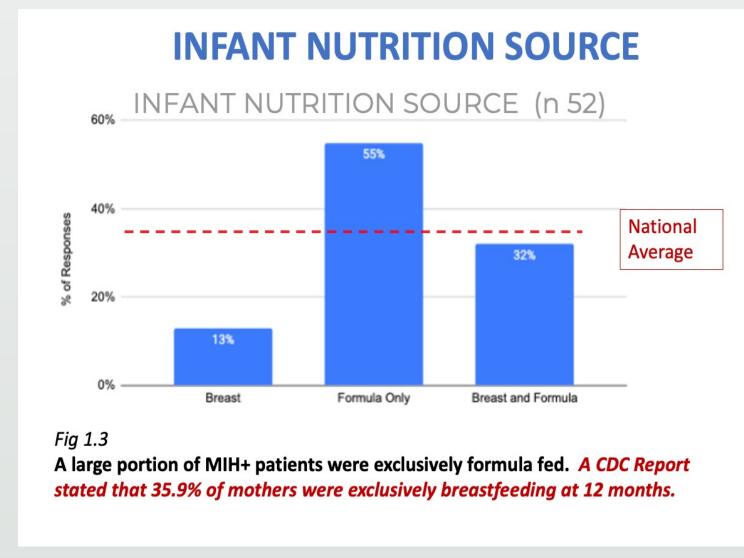
Study Questions:

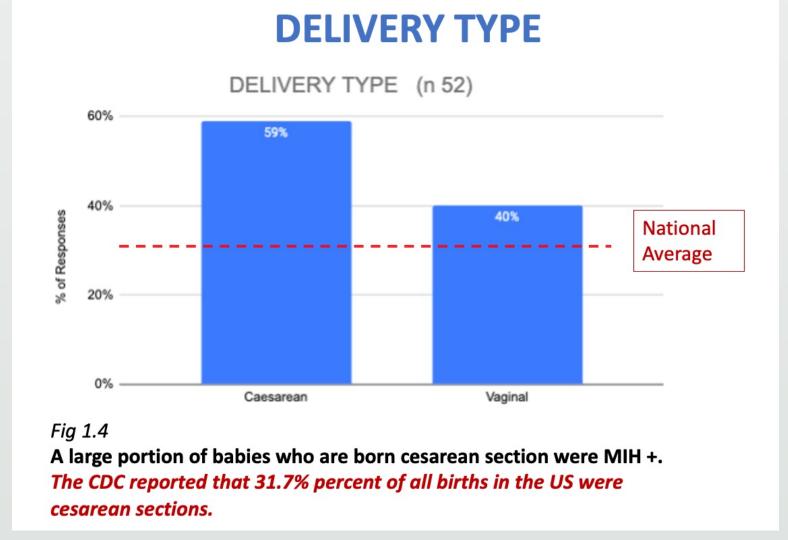
- Did the mother have fever during pregnancy?
- Was the child born premature?
- Did the child need to stay in the NICU?
- . Was the child breast fed, formula fed, or both?
- Does the child have a food allergy?
- Did the child use antibiotics before age 12 months?

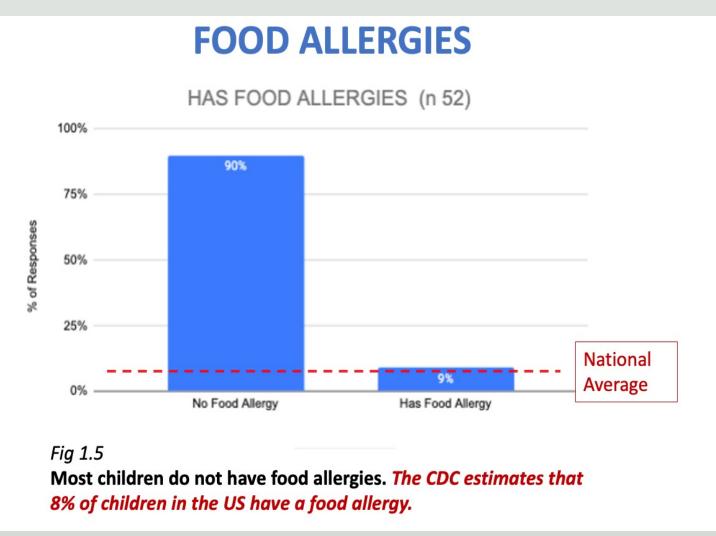
RESULTS

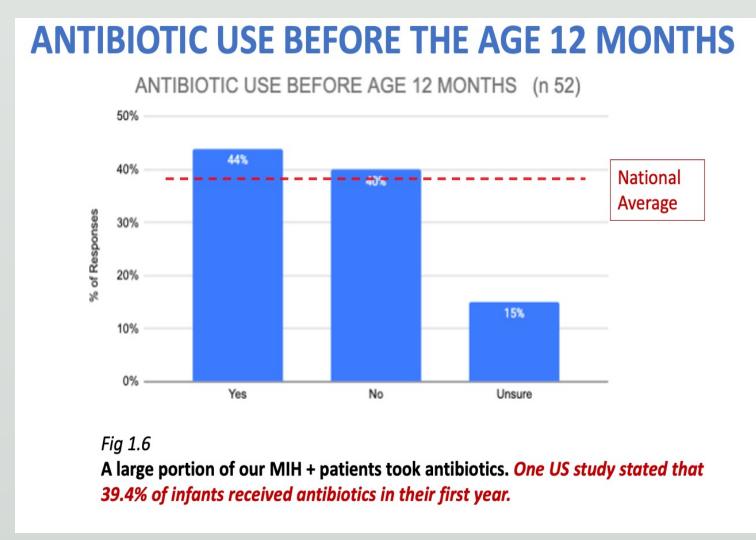




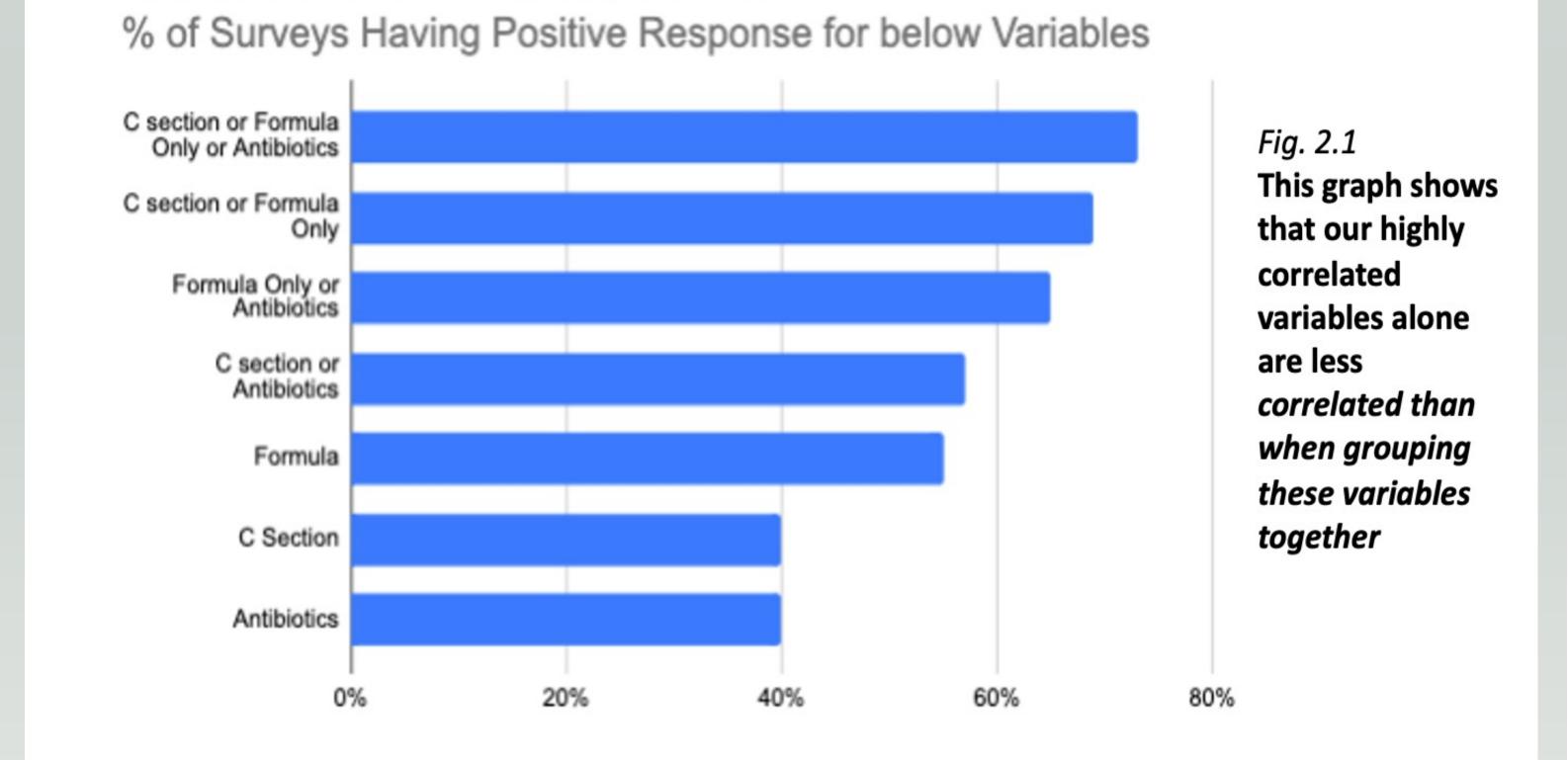








PERCENTAGE OF SURVEYS POSITIVE RESPONSE FOR LISTED VARIABLES



DISCUSSION

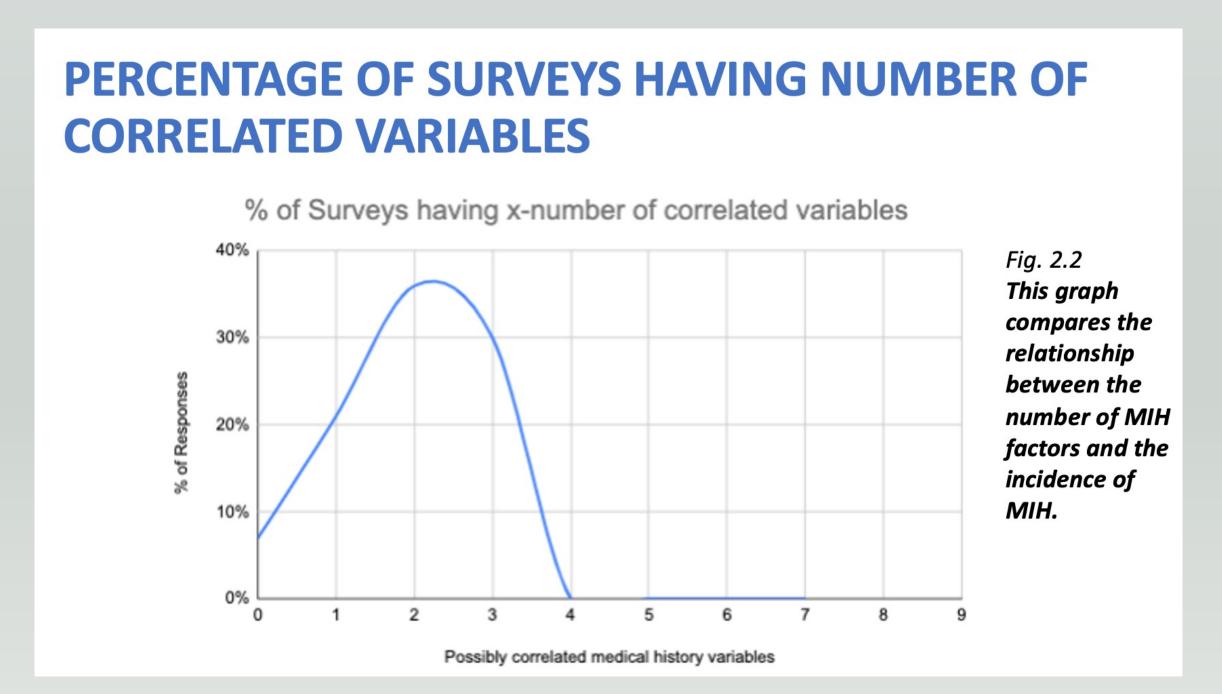
Our correlation study showed that of our *MIH+ patients, 55% were formula fed only.* A CDC study from 2018 showed that the **national** average for exclusive breastfeeding was 46% at 3 months. A Public Health report from 2006 concluded that *low socioeconomic families* were less likely to breastfeed.

The CDC reports that 31% of all US births are via Cesarean Section.

Our MIH+ patient population was born via Cesarean Section 59% of the time. C-sections are often necessary due to maternal illness (preeclampsia, diabetes, other chronic illness).

Our co-relation study showed that **44% of our MIH patients had antibiotics in the first year of life**. A study from the CDC found that 39.4% of infants received antibiotics in their first year.

This suggests that frequent co-morbidities in early life is more common in patients with MIH.



CONCLUSIONS

- We found that Formula use only (55%), Cesarean Section (59%), and to a lesser extent Antibiotic (44%) use had the highest correlation with MIH.
- Most surveys resulted in multiple "Yes" answers. This leads us to speculate that MIH is multifactorial and is not due to a single cause.

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