
Opening Remarks

Historically, the prevention of dental diseases in children has meant the prevention of cavities. In the past several decades, the use of fluoridated water, the professional application of topical fluorides, the community implementation of fluoride rinse programs, the conscientious ingestion of fluoride tablets, by motivated parents and children, and the extremely widespread use of fluoridated dentifrices has led to a significant improvement in the dental health of children, particularly in terms of the missing, decayed, and filled teeth in each child. The dental profession and especially pedodontists are now able to concentrate on preventive services and deliver a much higher level of oral care. Soft tissue lesions which have previously been given largely cursory attention can now be more carefully assessed and prevention of gingivitis and periodontal disease initiation can become a meaningful goal in dental practices.

Concepts of plaque control have been advocated in Scandinavian countries, particularly by the group headed by Drs. Lindhe and Axelsson. They have convincingly demonstrated that gingivitis and, in fact, periodontal disease can be prevented, arrested, and in some cases, reversed, by a program of: 1) frequent professional visits with fluoride therapy; 2) interproximal cleansing and prophylaxis using a fluoride-containing paste; and 3) meticulous home care by patients. Whether such programs are cost-effective in other countries has been a subject of much controversy. But in theory, gingivitis and periodontal disease can indeed be effectively prevented if the bacterial plaque causing the diseases is systematically eliminated by mechanical means. These concepts present challenging, and perhaps even somewhat threatening, concepts to the conventional practice of dentistry.

This symposium was conducted to gather as much information on the prevention of periodontal disease and gingivitis in children and adolescents as possible using expertise from an international group of presenters and essayers with much experience in the area. The purpose of the symposium and the special supplement is to present a state of the art position on this very important topic and further, to stimulate research, both basic research and in clinical trials; and finally, to begin the prevention of gingivitis and periodontal disease, at least in its early incipient stages, in children. Obviously, we do not have all the answers yet, but the scholarly papers that are assembled in this supplement will serve as a resource of current knowledge that each practitioner should have available.

We are indeed grateful to the Office of Maternal Child Health, Bureau of Community Health Services of the Department of Health and Human Services which has made a grant of the University of Iowa enabling this special supplement to *Pediatric Dentistry*. Additional contributions were received from Cooper Care of Fairfield, New Jersey, Block Drug Company of Morris Plains, New Jersey, Johnson and Johnson Products Company of New Brunswick, New Jersey, The Young Dental Manufacturing Company of Maryland Heights, Missouri, and the John O. Butler Company of Chicago, Illinois.

I wish to express my deep gratitude to the essayers who have contributed much of their time and effort to insure that the content of this special supplement represents the latest information on these topics. Finally, I wish to particularly thank Mr. John Ferguson who helped to design and edit the supplement and worked extremely hard to insure that the supplement would be published expeditiously.

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