Dental Caries: A Problem of low Socioeconomic Background and Our Responsibility for Helping change the Situation

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In recent years, in many industrialized countries, dental caries has been a controlled disease, especially because of the widespread use of fluoridated toothpastes by their population. On the other hand, dental erosion has increased among children as well as adults, and many researchers are aware of this problem, since several articles have been published concerning this dental pathology in comparison to the early 70’s, when little was published about dental erosion in the literature [1].

The erosive process starts on enamel with partial demineralization of the surface which results in a decrease in hardness (surface softening). The responsible acids stem from intrinsic (such as eating disorders or gastric reflux) or extrinsic sources. One important extrinsic factor in erosive tooth wear is the high consumption of acidic drinks and food [2].

According to experts on this subject, erosion is a field of research that will experience expansion in the years ahead [3], but there are still developing countries where dental caries is still a Public Health problem affecting very young children and young adults due to socioeconomic and sociobehavioural risk factors and lack of information on how to prevent it and then, they cannot afford satisfactory dental treatment, resulting in high scores of the disease among these populations. In some South American countries and regions, such as Bolivia for instance, the DMFT (decayed, missing, filled teeth) score is in average 4.7 and in northwest region of Brazil is 3.2 [4] compared to European countries which is near 1.0 [5]. Several diseases occur among other factors, due to a low socioeconomic level that leads to malnutrition. So how can we deal with this situation?

As a global society connected through a social network and as researchers, it is also our responsibility not only the Government for trying help both the underdeveloped and developing countries with expertise knowledge by publishing original research articles that might improve their ability to deal with their problems offering new affordable and/or advanced technologies and methods of diagnosis, prevention and treatment that can be easily used by everyone, mainly by the underserved communities, without any boundaries. As an example, there is the Atraumatic Restorative Treatment (ART), a treatment that uses manual excavation of dental caries, which eliminates the need for anesthesia and use of expensive equipment, and restores the cavity with glass ionomer, an adhesive material that bonds to the tooth structure and releases fluoride as it stimulates remineralization [6].

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On behalf of the Editorial Board, I invite all researchers to send their articles to the journal in order to enhance the literature in their field of expertise so we can start this important global change and interaction.

References


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