



MANAGEMENT OF BOTTLE CARIES ON IDENTICAL TWINS

Abstract

Dental caries is a multifactorial disease that caused by several factors, such as environmental and genetic factors. Identical twins are used to study the role of genetic factor in susceptibility to dental caries. Bottle caries is a specific form of rampant caries in the primary dentition. This condition is frequently associated with bottle-feeding habit. The purpose of this case report was to know management of bottle caries on identical twins. Based on the management of this identical twins case, it was concluded that there were the similarities on: (1) bottle caries namely caries attacked the four primary maxillary incisors, the primary maxillary first molars and the primary mandibular first molars, whereas the primary mandibular incisors were not affected, (2) management of bottle caries comprised cessation of habit, interceptive caries treatment and endodontic treatment, (3) result of cariostat examination showed that moderate caries bacteria activity, (4) the cariogram showed that meal pattern was the greatest risk factor for new initial caries, (5) the failure of new initial caries prevention was caused by the failure of meal pattern intervention.

Key words: bottle caries, identical twins.



PENATALAKSANAAN KARIES BOTOL PADA ANAK KEMBAR IDENTIK

Intisari

Karies gigi adalah penyakit multifaktorial yang disebabkan oleh beberapa faktor, antara lain faktor lingkungan dan genetik. Anak kembar identik digunakan untuk mempelajari peranan faktor genetik pada kerentanan terhadap karies gigi. Karies botol merupakan bentuk spesifik dari karies rampan yang menyerang gigi-geligi desidui. Kondisi ini sering dikaitkan dengan pemberian makan melalui botol. Laporan kasus ini bertujuan untuk mengetahui penatalaksanaan karies botol pada anak kembar identik. Berdasarkan penatalaksanaan kasus anak kembar identik ini disimpulkan bahwa terdapat kesamaan pada: (1) karies botol yaitu karies menyerang keempat gigi desidui insisivus rahang atas, gigi desidui molar pertama rahang atas serta gigi desidui molar pertama rahang bawah, sedangkan gigi desidui insisivus rahang bawah tidak terserang karies, (2) penatalaksanaan karies botol meliputi penghentian kebiasaan, perawatan interseptif karies dan perawatan endodontik, (3) hasil pemeriksaan kariostat menunjukkan adanya aktivitas bakteri karies sedang, (4) gambaran kariogram menunjukkan bahwa pola makan merupakan faktor resiko terbesar untuk terbentuknya karies baru, (5) kegagalan pencegahan terbentuknya karies baru disebabkan oleh kegagalan pengaturan pola makan.

Kata kunci: karies botol, anak kembar identik.

