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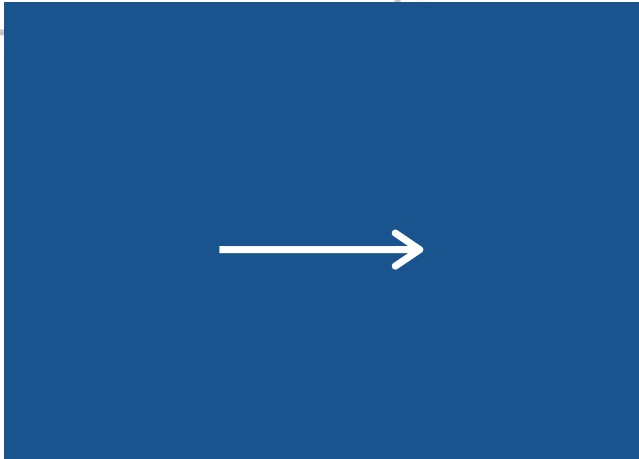
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CLINICAL OVERVIEW  
**Dental Caries**  
Updated November 13, 2019. © 2021.

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**Dental Caries**

Clinical Overview [View Full Topic](#)

Elsevier Point of Care

Key Points

Dental caries (tooth decay) is the localized demineralization of dental hard tissue by acidic by-products from bacterial fermentation of dietary carbohydrates

Early lesions are asymptomatic; more advanced lesions are associated with sensitivity and pain  
Early detection is essential because disease is initially reversible and destructive process may be halted

Diagnosis is based primarily on examination, followed by staging of lesion and caries-activity assessment (active or inactive); ancillary radiography testing is indicated for certain lesions  
Disease is marked by asymptomatic early visible changes on the surface tooth enamel during initial phases of demineralization; cavitation develops with progression of disease involving dentinal layer (typically associated with pain)

Radiographs can aid in determining lesion depth and proximity to pulp and may help to evaluate approximal surfaces and posterior teeth for caries lesions

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## Dental Caries

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 **CHAPTER EXCERPT**

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Infections of the Oral Cavity, Neck, and Head &gt; Therapeutic Considerations

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Microbiologic Considerations

Unique Niches of the Indigenous Oral Microbiota

Microbial Specificity in Odontogenic Infections

Pathogenetic Mechanisms

Mucosal Immunity of the Oral Cavity

Anatomic Considerations

Clinical Manifestations and Management

Orofacial Odontogenic Infections

Orofacial Nonodontogenic Infections

Miscellaneous Infections of the Neck and Head

Diagnostic Approaches

Microbiologic Investigation

BOOK CHAPTER

# Infections of the Oral Cavity, Neck, and Head

Anthony W. Chow

Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases, 84, 889-874 e2

Reviewed for currency November 23, 2020

Infections of the oral cavity are most commonly odontogenic in origin. Odontogenic orofacial infections include dental caries, pulpitis, periapical abscess, gingivitis, periodontal disease, and infections in the deep facial spaces. Complications such as intracranial, retropharyngeal, or pleuropulmonary extension and hematogenous dissemination to heart valves, prosthetic devices, and other metastatic foci, although rare, clearly indicate the potentially serious nature of these infections. Nonodontogenic infections of the oral cavity include ulcerative mucositis, which complicates radiation and chemotherapy; noma (gangrenous stomatitis); and infection of the major salivary glands. Separative orofacial infections can also arise from the oronasopharynx, tonsils, middle ear and mastoids, and paranasal sinuses; these are discussed in [Chapters 50](#), [61](#), and [62](#), respectively.

Infections of the neck and head in the adult most commonly result from human or animal bites, trauma, irradiation, and surgical procedures. In children cervical adenitis and thyroiditis caused by bacteria or viruses are more common. Rarely do embryologic cysts in the neck region become secondarily infected. These are considered separately from oral infections because they frequently involve different microbiota and necessitate alternative approaches to diagnosis and therapy.



## Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases

Sixth Edition

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Periodic Disease Clinics of North America  
Wright, John Timothy, DDS, PhD. Published October 1, 2019 Volume 48, issue 5, Pages 559-565 (2019)

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**Epidural Abscess**  
Updated February 9, 2021 (2021)

CHAPTER EXCERPT  
**Pulmonary Cavity**  
Fungal infections: Endemic + Coccioides + Treatment  
Asymptomatic cysts should be followed clinically and radiographically (see eFig. 36.11). If a patient is symptomatic or has an elevated antibody titer, treatment with an azole for 3 to 6 months should be considered, although 12 to 18 months may...  
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Infectious Disease Clinics of North America  
Lundtorp, Mikael, PhD, PhD. Published June 1, 2022 Volume 21, issue 2, Pages 471-482 (2022)

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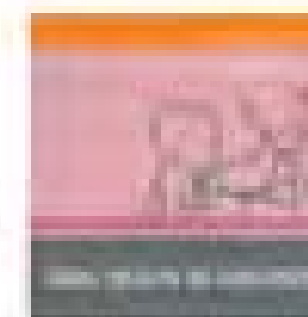
# The Burden and Management of Dental Caries in Older Children

John Timothy Vignat DDD, MEd

Pediatric Clinics of North America, 2018-10-01, Volume 65, Issue 5, Pages 904-903 Copyright © 2018 Elsevier Inc.

Dental caries is endemic in children and adolescents and has significant morbidity. This complex and chronic disease has both genetic and environmental etiologic factors. In children the preponderance of caries affects tooth surfaces with pits and fissures despite these representing only a small portion of the tooth surfaces that are at risk. Pit and fissure sealants are effective in preventing and managing noncavitated caries lesions in these surfaces. A variety of materials are clinically effective, and health care guidelines recommend the use of pit and fissure sealants as part of a comprehensive dental caries prevention program.

Key points



Pediatric Clinics of North America

Volume 65, Issue 5

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