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Literature Review Paper

The American Dental Association Caries Classification System for Clinical Practice and the Caries classification systems both provide dental hygienists with evidenced based information on carious lesions. Both discuss GV Black’s classification of caries that consists of six categories which did not address incipient carious lesions. As well as providing information on less invasive procedures such as fluoride exposure to arrest and prevent carious lesions. Dentist would approach caries lesions with the drill and drill approach instead of less invasive procedures. By being able to classify a carious lesion based on their extent of disease we can provide proper treatment for the patient based on their needs. It is up to the dental team not just the dentist to prevent and manage carious lesions. By classifying caries lesions correctly by location, origin, extent and activity we can make recommendations how to manage these lesions.

These articles help dental hygienists understand the distinct stages of carious lesions and to properly assess them based on the extent of the lesion. By being able to determine the difference between cavitated and non cavitated lesions we can be able to plan strategies to manage them based on the patients’ needs and not just sending them to get invasive procedures done. For example, by recommending the placement of sealants on teeth with deep fissures or the use of fluoridated mouth rinse and toothpaste to remineralize incipient caries lesions. As dental health care providers we should be able to properly assess patients correctly. Based on these articles dental cavities are the most common dental disease. We should be able to make recommendations according to the patient caries risk or the degree of the carious lesion whether it is an incipient or cavitied lesion. I would recommend this articles to another dental hygienist because it provides us with more knowledge on the current caries classification system based on evidence based rationale.