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Los dientes congénitos son poco frecuentes, afectando principalmente a la región de los incisivos. La decisión de extraerlos dependerá, entre otras cosas, del riesgo de aspiración y de la dificultad en la lactancia.

No existe evidencia científica que indique que la erupción primaria de los dientes cause sintomatología específica, salvo un aumento leve de la temperatura corporal. Signos y síntomas como: fiebre, diarrea, irritabilidad y alteraciones en el sueño, deben hacer pensar en procesos más importantes.

Antes de la erupción primaria se recomienda empezar la estimulación oral de las encías con una gasa humedecida en agua. A partir de los 2 años, se debe optar por el uso del cepillo dental 2 veces al día.

Un retraso o adelantamiento moderado de la erupción dentaria debe considerarse normal. Si se produce una alteración cronológica importante, se deben descartar algunos procesos como: hipopituitarismo, hipotiroidismo e hipovitaminosis D, entre otros.

Las caries se producen por la confluencia de varios factores, principalmente: el ácido producido por las bacterias, la susceptibilidad de los dientes, los hidratos de carbono fermentados y la calidad de la higiene oral.

Parece que, el factor más importante en la prevención de la caries dental, es la exposición a dosis bajas pero continuadas de fluoruro en la cavidad oral. Un problema a considerar con las pastas fluoradas en los niños es que, a menudo, tragan cantidades importantes, con el riesgo de padecer fluorosis dental; por ello, la cantidad de pasta utilizada debe ser mínima en niños pequeños. La Academia Americana de dentistas pediátricos ofrece recomendaciones sobre la administración de flúor en la infancia.

Podemos dividir los traumatismos dentales en: no complicados (dentina y/o esmalte) y complicados (pulpa). Si la pulpa queda al descubierto, puede sufrir contaminación bacteriana, que produce infección y necrosis de la misma, lo que disminuye las posibilidades de un pronóstico favorable. El tratamiento antibiótico es discutible. Si se decide tratamiento, se recomienda amoxicilina-clavulánico a 40 mg/kg/día.

Los dientes primarios no deben ser reimplantados tras un accidente. Los niños con fractura de dientes permanentes deben derivarse inmediatamente al odontólogo, de ello depende la viabilidad de los mismos.

Una excelente alternativa para el transporte del diente avulsionado es la leche, porque por su osmolaridad es favorable para el mantenimiento del ligamento periodontal. Otras posibilidades son: suero fisiológico o saliva. El agua no es un medio apropiado por su baja osmolaridad.

La Sociedad Española de Odontopediatría recomienda que la primera revisión por el odontopediatra sea entre el inicio de la erupción de los dientes y los dos años de edad, con la finalidad de instaurar hábitos de higiene y alimentarios adecuados.

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# The Corner

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## 1. Role Play: Patient with fever without focus

**Pediatrician:** Hello, I'm Dr. Smith, what is wrong with your child Bryan? How old is he?

**Mother:** I came here to the hospital because he has been having a fever already for 2 days, and I am very worried because he is not eating well. He was born 20 days ago.

**Pediatrician:** How much fever has he had? And does he have any other symptoms? Cough, diarrhoea, vomits?

**Mother:** No. He only vomits sometimes after I breastfeed him, but that happens since he was born. Does this have anything to do with the fever? He has had high temperatures but only during the nights, it spiked up to 37.9°C last night.

**Pediatrician:** Before you continue, I would like to put together a bit of information about Bryan's birth. Was the pregnancy followed up? Was everything normal? Was he delivered normally? Any perinatal complications? What was his birth weight? Are the vaccines updated?

**Mother:** yes, everything normal. His birth weight was 3 kg.

**Pediatrician:** Ok, let's continue then. Is there someone at home with a cold or fever?

**Mother:** Well... not currently. We went to visit my mother's house with the kids because she was feeling sick, three days ago. My other child seems fine, and the rest are feeling well.

**Pediatrician:** You told me before he was not eating well. Do you breastfeed him only or do you bottle-feed him also? How many times a day does he feed, on demand?

**Mother:** I only breastfeed him. He usually nurses on demand, and normally every three hours or so, but today it makes two days that he is sleeping all the time, and I have to wake him up.

**Pediatrician:** And when you try to stimulate him to wake him up, does he respond?

**Mother:** Yes he does, but I need to be very insistent, he maybe nurses for five minutes and then goes back to sleep again.

**Pediatrician:** How many diapers do you have to change in a day?

**Mother:** 5-6 every day, more or less. Is he very sick doctor?

**Pediatrician:** After examining your baby, what he seem to have is what us doctors call fever without focus. That means he probably has an infection, but he doesn't show any symptoms which can guide us to where the infection site is located. We have to find the origin of Bryan's fever in order to treat him properly, because he is very little and his immune system is not well establish yet, so he cannot protect himself as us adults can.

We are therefore going to perform a series of tests such as a blood and urine analysis and we are going to extract some spinal fluid with a lumbar puncture so that we can rule out a central nervous system infection. After all the tests we will probably start with empiric antibiotherapy until we have the results.

### KEY WORDS:

Fever without focus: fiebre sin foco.

Breastfeeding: lactancia materna.

Follow up: Seguimiento.

Delivery (to be delivered): nacimiento.

Perinatal complications: Complicaciones perinatales.

Vaccines updated: vacunas actualizadas.

Bottle-feeding: Alimentación con lactancia artificial.

On demand: a demanda.

To nurse: alimentarse.

Diapers: pañales.

To examine: realizar una exploración física.

Tests: pruebas diagnósticas.

Spinal fluid: líquido cefalorraquídeo.

Lumbar puncture: punción lumbar,

To rule out: descartar.



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