

Further resources

British Society of Paediatric Dentistry Position Statement:

<https://www.bspd.co.uk/Portals/0/MIH%20statement%20final%20Jan%202020.pdf>

Department of Health Preventive Guidelines:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/601833/delivering_better_oral_health_summary.pdf

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Date published: 25/06/2020

Review date: 25/06/2022

Ref: SC/DentServ/MIH/01

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Molar-Incisor Hypomineralisation (MIH)

A Patient's Guide



What is MIH?

MIH is a dental condition which affects the outer layer of a tooth, the enamel. In MIH, the enamel is softer than usual and therefore these teeth are more prone to sensitivity and decay. The adult molars (back teeth) and incisors (front teeth) are the most commonly affected teeth.

Signs and symptoms of MIH

The severity of MIH varies considerably for each child. Affected teeth may have a white, creamy, yellow or brown discolouration. There may be pain and sensitivity when brushing or even an altered texture where the teeth appear crumbly and tend to chip away easily. In severe cases, there may be rapid breakdown of the tooth resulting in the need for tooth removal.

What is the cause of MIH?

The exact cause of MIH is not fully understood. It is thought there may be links to illnesses during pregnancy, birth or early childhood. The timing of such illnesses may disturb tooth development. Around 1 in 8 children in the UK are affected by this condition.

How is MIH diagnosed?

MIH is usually noticed at the age of **6-7 years** old when the adult molars (back teeth) and incisors (front teeth) start growing. Your dentist may ask questions about you and your child's medical history to rule out other dental conditions. They will also take X-rays where appropriate to help plan your child's care. Your dentist may refer you to the community dental services or a dental hospital for paediatric specialist care.

How is MIH treated?

Your dentist will help you choose the best option for your child depending on their age, co-operation and severity of the defect.

Treatment is aimed at reducing sensitivity and preventing further tooth breakdown. For more severely affected teeth, treatment is aimed at stabilisation until the correct time for removal once the other adult teeth have grown.

Your child may receive some of these treatment options below:

- **Fluoride Varnish:** painted onto teeth at least twice a year
- **Fissure Sealant:** a plastic coating placed on the chewing surfaces of the back teeth
- **White Filling:** this may require some numbing using local anaesthesia if drilling is required
- **Preformed Metal Crown:** a silver coloured tooth cap
- **Tooth removal:** this may require consultation with an orthodontist to determine the correct time of removal to enable other adult teeth to fill the gaps.

For front teeth, there are a range of options which may be used once your child reaches an appropriate age:

- **Microabrasion:** a polishing paste is used to remove the outer layer of enamel
- **White filling:** layer of filling material to mask discolouration
- **Tooth whitening:** only carried out in specific circumstances if aged <18 years

What else can I do?

1. **Diet control:** reducing amount and frequency of sugar
2. **Fluoride toothpaste:** double strength prescription toothpaste for children aged 10 years or older
3. **Fluoride mouthwash:** for children aged 7 years or older
4. **Regular dental checks**