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dental caries is reported to be one of the oldest and most common diseases found in humans dental caries is a prevalent chronic infectious disease resulting from tooth adherent cariogenic bacteria that metabolize sugars to produce acid which over time demineralizes tooth structure dental caries is a process which occurs on any tooth surface in the oral cavity where dental plaque is allowed to develop over a period of time this paper focusses on key cellular and molecular mechanisms involved in pulp responses to bacteria and in the pulpal transition between caries induced inflammation and dentinogenic based repair we report using selected examples different strategies potentially used by odontoblasts and specialized immune cells to combat dentin invading dental caries also known as tooth decay is an infectious disease of the dentition characterized by localized tooth destruction organic acids produced by tooth dwelling bacteria dissolve the mineralized tissues of the tooth causing the carious lesion to progress inward from the tooth surface dentistry dates as far back as 5 000 bc when peo ple in india egypt japan and china thought dental caries were a result of a tooth worm the term dental caries first appeared in the litera ture around 1634 and is derived from the latin word caris for decay and from ancient irish ara chrinn it decays dental caries is a biofilm mediated sugar driven multifactorial dynamic disease that results in the phasic demineralization and remineralization of dental hard tissues caries can occur throughout life both in primary and permanent dentitions and can damage the tooth crown and in later life exposed root surfaces abstract dental caries is caused by acids generated by the dental plaque adhering to the tooth surface this paper gives the definition of dental caries its importance and introductory remarks on enamel structure and composition four different approaches on the mechanisms of the acid interaction with dental enamel are discussed a the this chapter provides an overview demonstrating the pivotal

importance of understanding the caries process in enamel and then for a subset of lesions which ever progress beyond that into the the mechanism of dental caries formation is essentially straightforward 1 plaque on the surface of the tooth consists of a bacterial film that produces acids as a byproduct of its metabolism 14 15 to be specific certain bacteria within the plaque are acidogenic that is they produce acids when they metabolize fermentable carbohydrates 12 1 this mechanism giving a reasonable empirical description of experimentally obtained data assumes that caries is mainly determined by the kinetics of the acid enamel interaction and that second phases dcpd make the enamel crystallites partly insoluble c dissolution precipitation mechanism s prevention is always better than cure and different phases and activities of caries may necessitate a different management method the caries management by risk assessment cambra system developed in 2002 is regarded as a reliable patient centred approach it takes a patient s health and lifestyle risk factors into consideration caries process and fluoride s mechanism of action dental caries is an infectious disease caused by the complex interaction of cariogenic caries causing bacteria with carbohydrates i e sugars on the tooth surface over time cariogenic bacteria metabolize carbohydrates for energy and produce organic acids as byproducts dental caries develops when bacteria in the mouth metabolize sugars to produce acid that demineralizes the hard tissues of the teeth enamel and dentine it affects general health and often causes pain and infection which may result in tooth extraction dental caries is the single most common disease in childhood with a prevalence rate five times higher than the next most prevalent disease asthma 1 this disease presents early in childhood where very aggressive forms of dental decay affect the primary teeth of infants and young children caries cavity or decay of a tooth a localized disease that begins at the surface of the tooth and may progress through the dentine into the pulp cavity it is believed that the action of microorganisms in the mouth on ingested sugars and carbohydrates produces acids that eat away the enamel fluoride the key agent in battling caries works primarily via topical mechanisms inhibition of demineralization enhancement of remineralization and inhibition of bacterial enzymes clinical implications fluoride in drinking water and in fluoride containing products reduces caries via these topical mechanisms the caries

process begins on tooth enamel which is composed mainly of minerals in the form of hydroxyapatite primary tooth enamel is thinner than permanent tooth enamel and does not have the benefit of fluoride incorporated within the structure of the enamel during development oral flora and pathogenic organisms

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prevention is always better than cure and different phases and activities of caries may necessitate a different management method the caries management by risk assessment cambra system developed in 2002 is regarded as a reliable patient centred approach it takes a patient s health and lifestyle risk factors into consideration

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the tooth surface over time cariogenic bacteria metabolize carbohydrates for energy and produce organic acids as byproducts

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dental caries develops when bacteria in the mouth metabolize sugars to produce acid that demineralizes the hard tissues of the teeth enamel and dentine it affects general health and often causes pain and infection which may result in tooth extraction

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