At What Age Do You Probe Patients?

Periodontal probing is done routinely on adults, but what about children? Deciduous teeth aren’t generally affected by periodontal disease, but in some cases they are; making it essential to consider probing all teeth. This message board has 12 posts and has been viewed 741 times.

I have always understood that 18 is the age to begin checking and recording probing scores. We have a new hygienist here who just graduated and she was taught to do full mouth probing (FMP) on all patients that have permanent dentition. I just can’t imagine doing this to a 14-year-old. I have had the occasional teenager require localized SRP and of course documented pockets, but for the most part, I just use my judgment on when or when not to probe. I’m curious what everyone else does.

At the very least, you should screen first molars and incisors for early onset or aggressive periodontitis. You probably won’t run into it much, but early detection makes it easier to treat.

Great question! When BCS Consulting works with hygienists, we process through the need to pay close attention to the younger population since we are finding more and more periodontal disease lurking in our younger ones. Why? With today’s diets and energy drinks, they are not getting the nutrition to support a healthy oral environment, not to mention the total immune system. If they have permanent teeth, probe them.

OK, so that’s what I’ve always done. Sounds like it’s mostly common sense. I guess my concern was more with the teenagers that have great home care, no bleeding or inflammation and whose radiographs look good. I just didn’t want to put them through FMP! I have always made a point of talking to my younger patients who have really poor hygiene about risks of periodontal disease and explaining about pockets and so forth.

The probe is not just for permanent teeth! There are many forms of periodontitis. Juvenile periodontitis typically occurs in pre-teen to late teen years. Then there is pre-pubertal periodontitis (now in the classification of aggressive periodontitis) which can occur shortly after teeth erupt. Also remember that children are also susceptible to gingivitis and if left untreated will result in periodontitis. There are also some systemic diseases that have symptoms of periodontal disease in children such as Down syndrome, Kindler syndrome, Papillon-Lefèvre syndrome, cyclic neutropenia, etc. I don’t imagine doing FMP recordings on children, but we should definitely be routinely probing them.
I screen kids that have erupted permanent anteriors and permanent first molars, and most often have radiographs as well. Some offices rely on bitewings, but you should be taking periodic anterior films as well and checking for mobility, which might be a indication to examine further. I perform full probing at age 18 if my PSR scores indicate, otherwise not until 20.

It only takes a few seconds to spot probe primary teeth. Primary teeth can be affected with bone loss just as the permanent teeth can. Bone loss doesn’t just start when the six-year molars erupt!

Take for instance cyclic neutropenia.

Quoted from UCLA Dentistry Web site: “This six-year-old girl presented with marked teeth mobility and severe periodontal disease. She had cyclic neutropenia. Her father was similarly affected.”

Let’s make it a point to do our best for all our patients, not just those six and older. ■ Andy

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