Letter to the editor

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Dear Editor,

We have read the important paper by Lygidakis, Wong, Jälevik, Vierrou, Alaluusua and Espelid, published in the European Archives of Paediatric Dentistry (2010) entitled “Best Clinical Practice Guidance for clinicians dealing with children presenting with Molar-Incisor-Hypomineralisation (MIH) An EAPD Policy Document”. We would like to congratulate the authors for writing such an important guideline, and for its aim to standardise the treatment of patients with MIH. While this is a generally well-written guideline, we would like to discuss the recommendation of enamel microabrasion for incisors with demarcated opacities of patients with MIH. First, the majority of studies report that MIH lesions extend through the full thickness of enamel, from the enamel-dentine junction (EDJ) to the enamel surface (Crombie et al. 2013; Fagrell et al. 2013; Gambetta-Tessini et al. 2017). However, enamel microabrasion superficially removes the enamel by using a combination of abrasive agents and acidic substances (Pini et al. 2015). Another point to be addressed is the concern over the biological effect that the use of an acid substance for a long period of time might cause to the pulp tissue, since hypomineralised enamel in MIH presents a significant decrease of the mineral density and higher interprismatic spaces (Garrot et al. 2016; Romero et al. 2018).

We hope these considerations can be addressed,

Sincerely,

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