

Begünstigen Antibiotika und endokrin aktive Substanzen die Entstehung der Molaren-Inzisiven-Hypomineralisation? Eine Literaturübersicht

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Literatur

- [1] Ahmadi, R., Ramazani, N., & Nourinasab, R. (2012). Molar incisor hypomineralization: a study of prevalence and etiology in a group of Iranian children. *Iranian journal of pediatrics*, 22(2), 245–251.
- [2] Alaluusua, S., Lukinmaa, P. L., Pohjanvirta, R., Unkila, M., & Tuomisto, J. (1993). Exposure to 2, 3, 7, 8-tetrachlorodibenzo-para-dioxin leads to defective dentin formation and pulpal perforation in rat incisor tooth. *Toxicology*, 81(1), 1–13.
- [3] Alaluusua, S. (2010). Aetiology of molar-incisor hypomineralisation: a systematic review. *European Archives of Paediatric Dentistry*, 11(2), 53–58.
- [4] Allazzam, S. M., Alaki, S. M., & El Meligy, O. A. S. (2014). Molar incisor hypomineralization, prevalence, and etiology. *International journal of dentistry*, 2014.
- [5] Arrow, P. (2009). Risk factors in the occurrence of enamel defects of the first permanent molars among schoolchildren in Western Australia. *Community dentistry and oral epidemiology*, 37(5), 405–415.
- [6] Beentjes, V. E. V. M., Weerheijm, K. L., & Groen, H. J. (2002). Factors involved in the aetiology of molar-incisor hypomineralisation (MIH). *European Journal of Paediatric Dentistry*, 3, 9–13.
- [7] Bundesinstitut für Risikobewertung. (2018). Zusammenhang zwischen „Kreidezähnen“ bei Kindern (Molar-Incisor-Hypomineralisation, MIH) und der Aufnahme von Bisphenol A ist nach derzeitigem Stand des Wissens unwahrscheinlich. Mitteilung Nr. 025/2018 des BfR vom 3. August 2018. Abgerufen von <https://www.bfr.bund.de/cm/343/zusammenhang-zwischen-kreidezahnen-bei-kindern-und-der-aufnahme-von-bisphenol-a-ist-nach-derzeitigem-stand-des-wissens-unwahrscheinlich.pdf>
- [8] Chawla, N., Messer, L. B., & Silva, M. (2008a). Clinical studies on molar-incisor-hypomineralisation part 1: distribution and putative associations. *European Archives of Paediatric Dentistry*, 9(4), 180–190.
- [9] Chawla, N., Messer, L. B., & Silva, M. (2008b). Clinical studies on molar-incisor-hypomineralisation part 2: development of a severity index. *European Archives of Paediatric Dentistry*, 9(4), 191–199.

- [10] Ciarrocchi, I., Masci, C., Spadaro, A., Caramia, G., & Monaco, A. (2012). Dental enamel, fluorosis and amoxicillin. *La Pediatria Medica e Chirurgica*, 34(3).
- [11] Da Costa-Silva, C. M., Jeremias, F., De Souza, J. F., De Cássia Loiola Cordeiro, R. I. T. A., Santos-Pinto, L. O. U. R. D. E. S., & Cilense Zuanon, A. C. (2010). Molar incisor hypomineralization: prevalence, severity and clinical consequences in Brazilian children. *International Journal of paediatric dentistry*, 20(6), 426–434.
- [12] Elfrink, M. E. C., Ghanim, A., Manton, D. J., & Weerheijm, K. L. (2015). Standardised studies on molar incisor hypomineralisation (MIH) and hypomineralised second primary molars (HSPM): a need. *European Archives of Paediatric Dentistry*, 16(3), 247–255.
- [13] Garot, E., Couture-Veschambre, C., Manton, D., Rodriguez, V., Lefrais, Y., & Rouas, P. (2017). Diagnostic guide enabling distinction between taphonomic stains and enamel hypomineralisation in an archaeological context. *Archives of oral biology*, 74, 28–36.
- [14] Ghanim, A., Manton, D., Bailey, D., Mariño, R., & Morgan, M. (2013). Risk factors in the occurrence of molar-incisor hypomineralization amongst a group of Iraqi children. *International journal of paediatric dentistry*, 23(3), 197–206.
- [15] Holtgrave, E. A., Kretschmer, R., & Müller, R. (1997). Acceleration in dental development: fact or fiction. *European journal of orthodontics*, 19(6), 703–710.
- [16] Jälevik, B., Klingberg, G., Barregård, L., & Norén, J. G. (2001). The prevalence of demarcated opacities in permanent first molars in a group of Swedish children. *Acta Odontologica Scandinavica*, 59(5), 255–260.
- [17] Jälevik, B. (2001). Enamel hypomineralization in permanent first molars. A clinical, histo-morphological and biochemical study. *Swedish dental journal. Supplement*, (149), 1–86.
- [18] Jan, J., & Vrbič, V. (2000). Polychlorinated biphenyls cause developmental enamel defects in children. *Caries research*, 34(6), 469–473.
- [19] Jedeon, K., De la Dure-Molla, M., Brookes, S. J., Loiodice, S., Marciano, C., Kirkham, J., ... Berdal, A. (2013). Enamel defects reflect perinatal exposure to bisphenol A. *The American journal of pathology*, 183(1), 108–118.
- [20] Kellerhoff, N. M., & Lussi, A. (2004). Die Molaren-Inzisiven-Hypomineralisation. *Schweiz Monatsschr Zahnmed*, 114(3), 243–249.
- [21] Knapp, V., & Nies, S. M. (2009). Molar-Incisor-Hypomineralization. *Zahnmedizin up2date*, 3(05), 491–510.
- [22] Koch, G., Hallonsten, A. L., Ludvigsson, N., Hansson, B. O., Hoist, A., & Ullbro, C. (1987). Epidemiologic study of idiopathic enamel hypomineralization

in permanent teeth of Swedish children. *Community dentistry and oral epidemiology*, 15(5), 279–285.

- [23] Kühnisch, J., Lauenstein, A., Pitchika, V., McGlynn, G., Staskiewicz, A., Hickel, R., & Grupe, G. (2016). Was molar incisor hypomineralisation (MIH) present in archaeological case series? *Clinical oral investigations*, 20(9), 2387–2393.
- [24] Kühnisch, J. (2018). Ätiologie und Therapie der Molaren-Inzisiven-Hypomineralisation. *PNc* 3(12), 136–140.
- [25] Kuscu, O. O., Caglar, E., Aslan, S., Durmusoglu, E., Karademir, A., & Sandalli, N. (2009). The prevalence of molar incisor hypomineralization (MIH) in a group of children in a highly polluted urban region and a windfarm-green energy island. *International journal of paediatric dentistry*, 19(3), 176–185.
- [26] Laisi, S., Kiviranta, H., Lukinmaa, P. L., Vartiainen, T., & Alaluusua, S. (2008). Molar-incisor-hypomineralisation and dioxins: new findings. *European Archives of Paediatric Dentistry*, 9(4), 224–227.
- [27] Laisi, S., Ess, A., Sahlberg, C., Arvio, P., Lukinmaa, P. L., & Alaluusua, S. (2009). Amoxicillin may cause molar incisor hypomineralization. *Journal of dental research*, 88(2), 132–136.
- [28] Phipps, K. (2010). No Evidence to Support the Claim that Amoxicillin Causes Molar-Incisor Hypomineralization. *Journal of Evidence-Based Dental Practice*. 0(2), 112–114.
- [29] Pitiphat, W., Luangchaichaweng, S., Pungchanchaikul, P., Angwaravong, O., & Chansamak, N. (2014). Factors associated with molar incisor hypomineralization in Thai children. *European journal of oral sciences*, 122(4), 265–270.
- [30] Serna, C., Vicente, A., Finke, C., & Ortiz, A. J. (2016). Drugs related to the etiology of molar incisor hypomineralization: a systematic review. *The Journal of the American Dental Association*, 147(2), 120–130.
- [31] Silva, M. J., Scurrah, K. J., Craig, J. M., Manton, D. J., & Kilpatrick, N. (2016). Etiology of molar incisor hypomineralization – A systematic review. *Community dentistry and oral epidemiology*, 44(4), 342–353.
- [32] Souza, J. F., Costa-Silva, C. M., Jeremias, F., Santos-Pinto, L., Zuanon, A. C. C., & Cordeiro, R. D. C. L. (2012). Molar incisor hypomineralisation: possible aetiological factors in children from urban and rural areas. *European Archives of Paediatric Dentistry*, 13(4), 164–170.
- [33] Steffen, R., Krämer, N., & van Waes, H. (2015). Molaren-Inzisiven-Hypomineralisation. *Zahnmedizin up2date*, 9(04), 313–324.

- [34] Weerheijm, K. L., Jälevik, B., & Alaluusua, S. (2001). Molar-incisor hypomineralisation. *Caries research*, 35(5), 390–391.
- [35] Whatling, R., & Fearn, J. M. (2008). Molar incisor hypomineralization: a study of aetiological factors in a group of UK children. *International journal of paediatric dentistry*, 18(3), 155–162.