



**Peninsula  
Dental**  
Social Enterprise

### **Any further questions?**

Please speak to the dental professional providing your child's care or email:  
[pdse-info@plymouth.ac.uk](mailto:pdse-info@plymouth.ac.uk)

This leaflet is also available on our website  
[peninsuladental.org.uk](http://peninsuladental.org.uk)

Children's Dentistry Information Series

## **Your child's molar incisor hypomineralisation (MIH)**

## What is MIH?

MIH is a tooth condition where enamel, the outer layer of the tooth, is softer than normal. This can lead to the teeth decaying more quickly and easily.

MIH is usually noticed when the adult incisors (front teeth) or molars (back teeth) come into the mouth around 6-7 years of age. Sometimes MIH can also affect the back baby molar teeth, seen in the mouth from 2-3 years of age onwards.

One, some, or all the adult first molars, incisors and sometimes the canines can be affected. Around one in five (20%) people in the UK have the condition in one form or another. Many people will have a mild form and not realise it.

## What causes MIH?

It is thought to be caused by a disturbance in tooth development around the time of birth or in the first few years of life. The cause of it is not fully understood although severe childhood illnesses, high fevers, or a traumatic birth period have all been suggested as possible causes.

## What are the signs and symptoms of MIH?

You or your child may have noticed that their front and/or back teeth may be discoloured and look cream, yellow or brown. Their teeth may be painful or sensitive, and even crumbly. MIH can make it more difficult to numb the teeth with local anaesthetic for dental treatment.



## Are any tests needed to confirm the diagnosis?

We will carry out a full examination and take X-rays if necessary. We will also ask about your child's medical and family history to attempt to highlight possible causes and rule out any other causes of enamel problems.

## What happens if I do not get treatment?

If your child's teeth are sensitive and broken down, it is likely that treatment would be of benefit. If the molar teeth become broken down, they may become painful and develop infection which could lead to loss of the tooth.

## What treatments are available for my child?

There are different types of treatment for different teeth. Your dental professional will discuss these options in more detail and help you and your child decide the best option. Some of these treatment options may not be available at PDSE.

### Front teeth

We treat front teeth to improve appearance, reduce sensitivity and protect areas of surface roughness or breakdown. We use a combination of treatments depending on defect type, and response to treatment. The possible treatments for MIH on front teeth are:

- fluoride varnish: can help decrease sensitivity.
- microabrasion: uses acid and a dental polishing powder to remove the outer layer of tooth enamel to improve the appearance. A very minor, non-reversible procedure.
- infiltrant: improves the appearance of teeth by altering how light reflects off the teeth. A very minor, non-reversible procedure.
- tooth whitening: aims to blend the discolouration to the colour of the unaffected teeth. This can cause temporary sensitivity. Tooth whitening is not used in patients under 18 years old.
- white filling: a thin layer of white filling is added over the front of the tooth (with or without drilling) but may make the tooth thicker. This will fill any areas of breakdown as well as masking the discolouration. This filling will need maintaining over time by your dental professional.

## Back teeth

Like front teeth, back teeth can be sensitive. We also have to consider how decayed or broken down the teeth are, and whether they are likely to last in the long term. The possible treatments for MIH on the back teeth are:

- fissure sealant: covers and protects the natural grooves in a mildly affected tooth.
- stabilisation or white filling: involves either a temporary filling with no drilling of the tooth or a filling with drilling of the tooth. Your dental professional will advise which is best for your child.
- stainless steel crown: a silver-coloured metal tooth-shaped cap, which is recommended for a more decayed or broken-down tooth, mostly as a temporary solution while considering further options.
- tooth removal: if the tooth is of poor quality it may need to be taken out. Done at the right time, this can allow the molar tooth behind to move into the gap.

In order to keep the teeth in the mouth until the correct age for removal, your child may receive some of the above treatments.

## Is there anything I can do to help myself?

Milder forms of the condition, where sensitivity is the main complaint, may be helped by your dental professional painting fluoride varnish onto the teeth every four months. This may help to reduce the chance of enamel breakdown or decay developing. Oral hygiene & tooth brushing instructions as well as dietary advice need to be followed. Your dental professional may prescribe a daily fluoride mouthwash, or a special toothpaste based on your child's age, severity of the condition and symptoms.

### Contact us info

If you have any further questions, please speak to the dental professional providing your child's care.

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