LARAGA- BUTTRESS OF PEDIATRIC DENTISTRY

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EDITORIAL

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Behavior management has been a pioneer in pediatric dentistry for guiding an anxious or fearful child. Without its proper application and execution, it may lead to failure of the dental visit. There are multiple methods for non-pharmacological and pharmacological means of behavior management; all with their unique advantages as well as limitations. When non-pharmacological means fail to serve the purpose various pharmacological behavior management techniques can be useful as an adjunct to treat a fearful or anxious patient. Those approaches are Local Anaesthetic agents, Relative Analgesia, or General Anaesthetic agents (LA-RA-GA).¹

While LA and RA fall on the conscious side of the pharmacological behavior management technique, GA takes the patient to an unconscious state. In contrast to GA, under LA and RA, patients can maintain their airway and respond to verbal commands well. These reasons are at the forefront of the increased applicability of LA and RA.

The requirement and demand for less invasive behavior guidance techniques has made RA more popular. It is also known as conscious sedation. When RA is not successful or applicable, other techniques in the spectrum of pharmacological behavior management in pediatric dentistry are available. Age-appropriate intravenous sedation is also an effective alternative to GA. However, its use and acceptability are limited because of parents' lack of acceptance. Furthermore, GA does little to enable children to cope with future dental treatment.

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For the management of mild-to-moderately anxious pediatric patients, the most common way of dental treatment is under combined RA and LA in conjunction with other non-pharmacological behavior management techniques. It utilizes drugs like lignocaine and articaine for LA and nitrous oxide for inhalational sedation. Drugs administered for sedation through the intravenous route include benzodiazepines, ketamine, and propofol.

The ultimate goal should be to apply an overall behavior management strategy to help children accept dentistry. Careful patient selection based on patient cooperation at the initial consultation, past dental experiences, and acceptance towards the various behavior management techniques should be considered while deciding which buttress or combination of it to choose for a particular patient for high-quality care, comfort, and cooperation of the patient.

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