

on call

baby's gummy smile

Q My new granddaughter's gums look uneven. I'm concerned her teeth may grow in crooked, but my daughter says it's nothing to worry about. Is she right?

A baby's teeth begin forming in the womb by the 12th week of development. Even then you can see rounded, bud-like enlargements along the gum line. They usually form in a cuplike fashion so that each potential new tooth will have its own space. Not every tooth will develop at the same time.

Depending on where the teeth are in the developmental process, it may look as if some areas of your granddaughter's gums are bumpier than others, giving off an uneven appearance.

There are several factors that determine whether the teeth will grow in straight or crooked. For instance, something may have disrupted the tooth development in the womb. While we are not always able to determine what that event may have been, it could result in the eventual absence of teeth, too many teeth or even abnormally large or small teeth. External factors which may cause the teeth to grow in crooked include thumb sucking, extensive pacifier use or accidents. More serious cases of gum line disorders usually require surgical intervention.

Your daughter is probably right. There is likely nothing to worry about right now, and it is really too early to know what your granddaughter's teeth will eventually look like. Practicing good oral hygiene habits can't begin too early!



constipation in kids

Q My 6-year-old son is continuously constipated. What could be causing this and what do you suggest to remedy the situation?

Constipation refers to stools that are hard and difficult to pass. It is dependent upon the stool consistency, frequency of bowel movements and difficulty in passing the stool. For instance, a child who easily passes a soft stool every two to three days would not be considered constipated. There are many normal stool patterns and if constipation occurs on occasion, it is not generally a problem.

Several factors can contribute to constipation. Changes in the diet, too much milk and limited water or fiber intake are examples of dietary causes. Adjusting the diet to include well-balanced meals based on the current nutrition guidelines and increasing water intake can help correct constipation.

Constipation may be the result of behavioral or environmental factors. For instance, some children may be reluctant to have a bowel movement at school or in an unfamiliar place. Holding the stool in forces it to remain in the rectal vault for longer periods of time and can result in hard stools and uncomfortable bowel movements. Emotional problems, illnesses and certain medications can also slow the movement of stools through the colon. Recognizing these factors, giving reassurance, scheduling restroom breaks or stopping a medication may help reestablish normal bowel movements.

Medical conditions that can cause constipation include cystic fibrosis, Hirschsprung's disease or thyroid, calcium and other metabolic disorders. If you can't identify any contributing factors at home, talk to your pediatrician to determine the cause of your child's constipation.