Redwood Pediatric Dentistry
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Early Cavities (Incipient Lesions): What They Are and How We Can Help

The earliest stage of a cavity is called an incipient lesion, and catching it here is the best possible news. At this stage the surface is still intact, and we have real options to slow, stop, or even reverse the process without drilling.

1 What Is an Incipient Lesion?

An incipient lesion is the **very earliest beginning of a cavity**. Instead of a hole, the enamel looks **chalky white, yellow, or brown**, a sign that minerals have been lost from the tooth surface and bacteria are starting to break it down at a microscopic level.

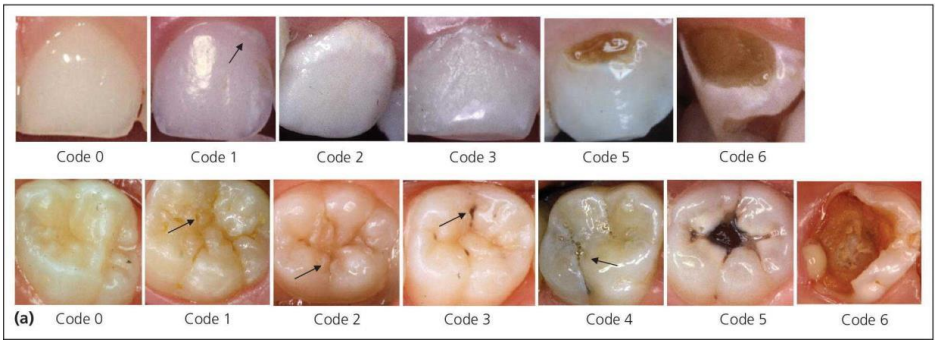
The key difference: the tooth surface is **still intact**. That means we have a window to intervene before a filling is needed. Once a cavity breaks through the surface (cavitation), non-invasive options are no longer possible.



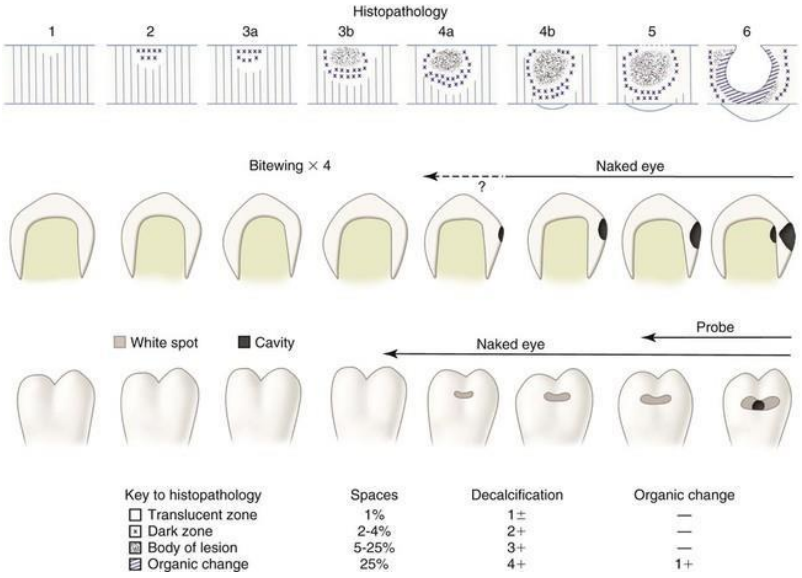
2 How We Grade and Track a Lesion

We score lesions using the **International Caries Detection and Assessment System (ICDAS)**, a standardized scale from 0 (healthy) to 6 (extensive cavitation). Codes 1 and 2 are the incipient stage, where the enamel has visibly changed but the surface has not broken down. This is the range where the treatments on the next page work best.

International Caries Detection and Assessment System (ICDAS)



The schematic below lines up what is happening inside the tooth with what shows on a bitewing X-ray and what is visible to the naked eye. Notice how far the lesion progresses before a hole appears, which is exactly why we look for these changes early.



Schematic representation of developmental stages of enamel caries lesion correlated with radiographic and clinical examination. Cavitation typically occurs late in development of the lesion, before cavitation remineralization is possible. (Redrawn from Darling AI: The pathology and prevention of caries, Br Dent J 107:287-302, 1959.)

3 Treatment Options

There is no single “best” option. The right choice depends on your child’s age, risk level, which tooth is affected, and what matters most to your family (appearance, cost, time in chair). Dr. Franklin will walk you through the options together.

	SDF	Curodont™	Icon Resin	Monitor
CHAIR TIME	~5 min	~10 min	~60 min	0 min
STAINING	Turns black ×	No staining ✓	Minimal ✓	None ✓
INSURANCE	Often covered ✓	Not covered ×	Not covered ×	Free ✓
STOPS CAVITY	70–90% arrest	Rebuilds enamel	Seals lesion ✓	Watches only
	High risk, back teeth	*Front teeth, aesthetics*	*White spots + appearance*	*Stable, low-risk lesions*

- **SDF (Silver Diamine Fluoride):** Painted on the tooth to kill bacteria and harden enamel. Fast, painless, and often covered by insurance. Important tradeoff: **the treated area turns permanently black.**
- **Curodont™ Repair:** Uses special proteins (biomimetic peptides) to help rebuild lost minerals in enamel. No staining, about 10 minutes. Relatively new, so long-term data is still emerging. Not covered by insurance; **$115 per tooth.**
- **Icon Resin Infiltration:** A clear resin flows into and seals the weakened enamel. Excellent for improving the appearance of white or brown spots, especially using our “Etch Bleach Seal” technique. Longer chair time (about an hour), not covered by insurance.
- **Monitoring:** Sometimes the best first step is to watch the lesion closely, strengthen home care, and recheck in 3 to 6 months. Best for stable, low-risk lesions in cooperative patients.

4 Prevention Is Always Part of the Plan

Regardless of which treatment Dr. Franklin recommends, strong daily habits are essential to stop the lesion from progressing and protect all your child’s teeth.

- **Floss every night,** with a grown-up helping until around age 10. It is the only way to clean between teeth where smooth surface cavities form.

- **Brush twice daily** with fluoride or hydroxyapatite toothpaste. Wait 30 minutes after brushing before eating or drinking to allow full remineralization.
- **Limit frequent carbohydrates and snacking:** every snack is an acid attack. Follow the Dentist Dad snack guide for tooth-friendly options.
- **Eat for enamel:** foods rich in Vitamin D3, K2, calcium, magnesium, and healthy fats support strong, mineralized teeth.
- **Breathe through the nose and drink plenty of water.** Mouth breathing dries out saliva, which is the mouth's natural defense against bacteria.
- **Check-ups every 3 to 6 months** during cavity-active periods so we can catch any changes early.
- **Ask us about fluoride varnish and sealants** as additional protective layers.
- **Holistic add-on:** PurO3 Ozonated Olive Oil applied nightly with a q-tip or floss has antimicrobial properties that may support remineralization.

Questions About Your Child's Treatment Options?

We know treatment decisions can feel overwhelming. We are always happy to take more time at your next visit to explain the options, look at the tooth together, and help you feel confident in the plan.

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Disclaimer: All information reflects the clinical approach of Dr. Niekia Franklin and is intended for general guidance only. Instructions given during your visit always take precedence. • www.redwoodpediatricdentist.com