Odovtos-International Journal of Dental Sciences (Odovtos-Int. J. Dent. Sc.) 28 (3), 2026 (September-December): 18-25. ISSN: 2215-3411
https://doi.org/10.15517/27wwjs07

ODOVTOS
International Journal of Dental Sciences

UNIVERSIDAD DE COSTA RICA
FOd Facultad de Odontología

https://revistas.ucr.ac.cr/index.php/rOdontos

CASE REPORT:

Dental Care while in Foster Care: Addressing Unmet Needs

Cobertura dental durante el resguardo: resolviendo necesidades no atendidas

Hiram Daniel López-Santacruz DDS[1] https://orcid.org/0000-0001-7241-3785
Silvana Stephania Gasca-Villanueva MD[2] https://orcid.org/0009-0000-8135-3964

[1]School of Dentistry, La Salle Bajío University, León, Guanajuato, Mexico.
[2]Traumatology and Orthopedics, Private Practice, León, Guanajuato, Mexico.

Correspondence to: Hiram Daniel López-Santacruz - hdlopez@lasallebajio.edu.mx

Received: 19-IX-2025 Accepted: 20-XI-2025

ABSTRACT: The priority of the Protection System is the restoration of children rights, including life and health. It is common for children to present with untreated oral health problems upon admission, which require significant efforts. This case describes a 7-year-old boy who was temporarily housed in a Social Assistance Center in Mexico, and attended his first dental consultation at a School of Dentistry. Regarding his dental history, the patient presented no evidence of prior dental care. Clinically, a mixed dentition was observed, including multiple non-restorable primary molars with unfavorable prognosis. The patient presented a negative and defiant behavior. A comprehensive treatment plan was implemented, including restorations, extractions, and space maintainers. After discharge, the proposed follow-up was every 3 months. The difficulty of caring for children and adolescents temporarily placed in the Protection System is evident. It is important to highlight the work done by the multidisciplinary team to identify cases and address previously unmet needs.

KEWORDS: Foster care; Pediatric dentistry; Unmet dental needs.

RESUMEN: La prioridad del Sistema de Protección de Menores es la restitución de sus derechos, entre ellos a la vida y a la salud. Es común que al ingreso los menores presenten problemas en su salud oral no atendidos, por lo que se requiere de esfuerzos significativos. Este caso describe a un paciente masculino de 7 años de edad, quien se encontraba alojado temporalmente en un Centro de Asistencia Social en México y que asistió a su primera consulta dental en una Facultad de Odontología. Con respecto a la historia dental, el paciente no presentaba indicios de haber recibido atención dental previamente. Clínicamente se observó una dentición mixta con múltiples molares primarios con restos radiculares y un pronóstico desfavorable. El paciente presentaba una conducta negativa y desafiante. Se realizó un plan de tratamiento exhaustivo que incluyó restauraciones, extracciones y la colocación de mantenedores de espacio. Después del alta, el seguimiento propuesto fue de una revisión cada 3 meses. La dificultad que conlleva la atención de niñas, niños y adolescentes que se encuentran ubicados temporalmente en el Sistema de Protección de Menores es evidente. Se resalta la importancia del gran trabajo que realiza el equipo multidisciplinario para identificar casos y resolver las necesidades que previamente no habían sido atendidas.

PALABRAS CLAVE: Necesidades dentales; Odontología pediátrica; Resguardo.

INTRODUCTION

The priority of the Protection System for children and adolescents who have experienced unfavorable situations such as maltreatment, neglect, abuse or violence, is the restoration of their rights, including the right to life, education, nutrition and health (1). Because minors in care were removed from the harmful environments where they lived, the government of each country must provide them with the necessary services to grow and develop in favorable circumstances (2).

For this reason, the service and health personnel who care for them have two important roles: to reduce adverse consequences, and to provide initial evaluations with effective treatments (3). It is common that, upon entering the Child Protection System, minors present problems in their oral health that have not been detected and treated, for example: extensive caries lesions and teeth that need to be extracted, dental pain, infections, among others (4). In this way, it is very likely that minors have not had prior instructions in their homes about personal health care or the importance of dental visits (5).

Pediatric Dentistry, among its various fields of action, has the opportunity to serve populations in situations of vulnerability, including minors who are temporarily or indefinitely placed in the Child Protection System (6). It takes a great deal of effort, patience and initiative to carry out the preventive and therapeutic interventions that minors require (7).

The aim of this article is to report a case of a 7-year-old boy who was temporarily placed in the Child Protection System, and who underwent an intervention to address his unmet dental needs.

CASE REPORT

PATIENT INFORMATION

A 7-year-old male who was temporarily housed in a Social Assistance Center (Centro de Asistencia Social, also known as Casa Hogar in Spanish) of the local Child Protection System, attended his first dental consultation in January 2020 to receive free dental care from the Department of Social Service of the School of Dentistry of La Salle Bajío University, through an agreement between both institutions in the city of León,

Guanajuato, Mexico. The patient was accompanied to the consultation by the former Medical Doctor assigned to the Protection System at that time. To conduct the clinical case, authorization and the signature of informed consent were obtained from the child's legal guardian within the Protection System. Also, the case report was approved by the Research Committee of the School of Dentistry with the code 180825L20, and followed the CARE Guidelines.

The dental screening for the patient was requested by the Protection System, as they had observed signs of oral diseases, but the patient himself reported no symptoms. Although the available information was limited, the patient's medical history did not mention any systemic condition, so the patient was considered healthy. Regarding his dental history, the patient apparently showed no signs of prior dental care.

CLINICAL FINDINGS AND DIAGNOSTIC ASSESSMENT

Clinical examination revealed a mixed dentition with multiple primary molars with root remnants and an unfavorable prognosis, indicating extractions. In addition, some carious lesions were found on primary incisors and canines, and permanent molars. The available resources of the Social Service were limited to the use of intraoral photographs and periapical radiographs, so these elements were used to establish the diagnosis without the possibility at that time of having a panoramic radiograph (Figure 1 and Figure 2).

The patient presented a negative and defiant behavior, so he did not easily follow instructions and was distracted during the consultation. Therefore, the use of some behavior guidance techniques was considered for subsequent appointments.

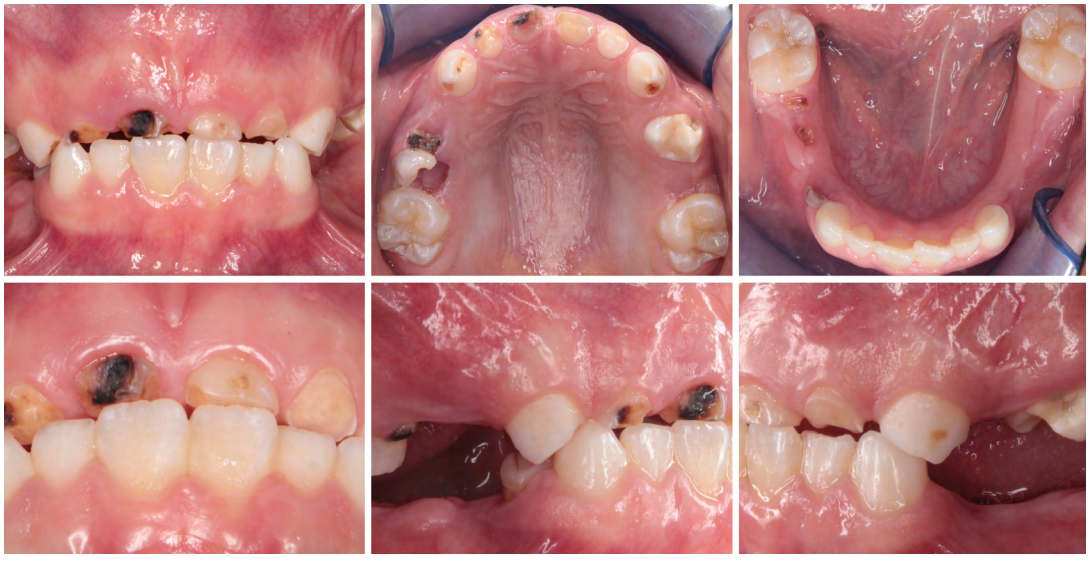

Figure 1. Initial situation of the patient.
Intraoral photographs showing a mixed dentition with multiple carious lesions and root remnants.

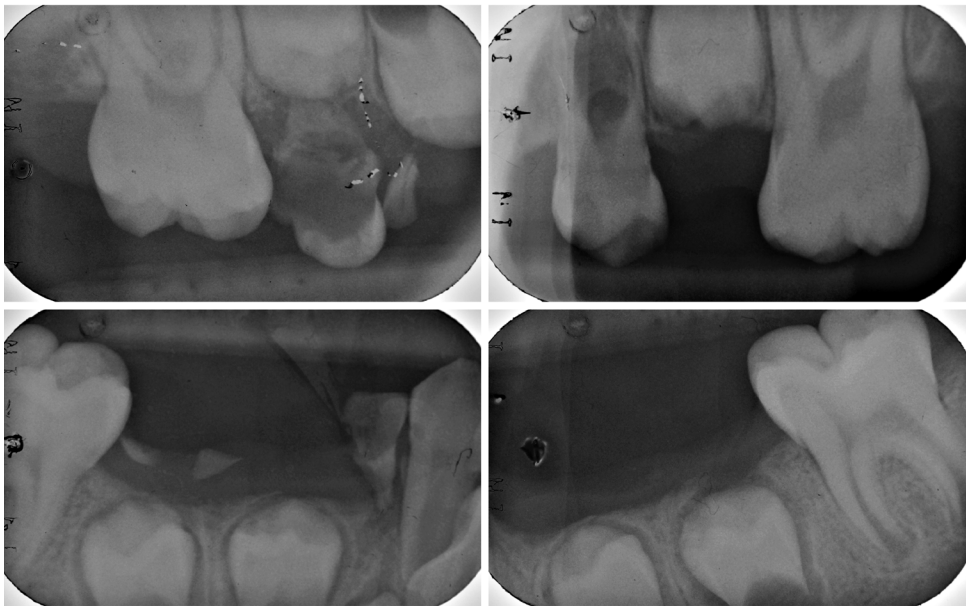

Figure 2. Initial situation of the patient.
Periapical radiographs showing an unfavorable prognosis with the need of extractions and space maintainers.

THERAPEUTIC INTERVENTION

The dental care for the patient was provided by dental interns (recent graduates of Dentistry) who were performing their Professional Social Service, supervised and accompanied by a Pediatric Dentist. Due to the severity of the dental situation and the previously unmet dental needs, it was decided to perform the following procedures in the initial phase of dental care: Prophylaxis, band trial and impressions for space maintainers, sealant in permanent upper right first molar, resin in permanent lower right first molar, extractions of primary molars of the 1st and 4th quadrants, placement of a Nance Button and a Lingual Arch appliances. To complete the dental treatments, some behavior guidance techniques were used, including: positive reinforcement, distraction and voice control. No advanced techniques were required, as the patient understood the importance of dental care and behaved in an acceptable manner throughout the appointments.

Unfortunately, the patient's continuity of care was interrupted for a period of 11 months (until February 2021). Once the patient returned for a follow-up, a further general evaluation was performed and the dental care was provided by the same Pediatric Dentist. The presence of the permanent maxillary central incisors and the absence of the primary maxillary lateral incisors due to exfoliation were noted. In addition, a developmental enamel defect on the buccal surface of upper left first premolar was more precisely observed. The space maintainers were found to be misaligned. Therefore, the second stage of dental care consisted of the following procedures: prophylaxis, sealants on permanent

upper left and lower left first molars, resins on primary upper canines and upper left first premolar, cementation of the Lingual Arch, and confection of a new Nance Button appliance. The completed treatment is shown in Figure 3.

OUTCOMES AND FOLLOW-UP

During the visits of the second stage, the patient's cooperation improved considerably, and his behavior was favorable with a positive attitude. At the conclusion of the second stage of care, the Protection System representative who accompanied the patient mentioned that he was about to return home with his family. For this reason, the patient was granted the discharge, and his dental care was discontinued indefinitely while the patient underwent the necessary adjustment period to his new family environment.

The proposed follow-up consisted of a 3-month assessment of the oral health status, the development of permanent teeth, and the fit of the space maintainers. Despite the aforementioned instructions, the patient ultimately did not return for unknown reasons.

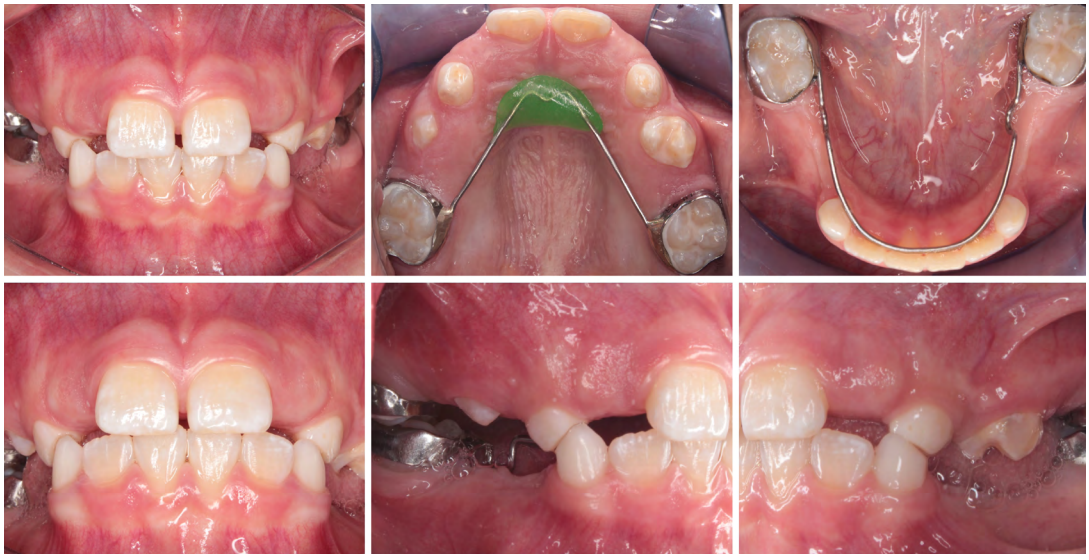

Figure 3. Final situation of the patient.
Intraoral photographs showing a mixed dentition with completed restorations and space maintainers.

DISCUSSION

The case report is an example of the great need presented by children and adolescents who enter the Child Protection System, considered as a population in a situation of vulnerability and with Special Health Care Needs (SHCN) (1,2). Therefore, specialized knowledge and adaptations are required for comprehensive and individualized care (8).

One of the primary objectives is to organize a rights restoration plan coordinated by a multidisciplinary team in order to return the benefits of housing, education, health and well-being, among others (9). The team must promote children to grow and develop optimally in a safe environment (10).

Unfortunately, children in those situations have been marked by adversity and uncertainty, as well as loss due to separation from their parents

or family. Therefore, it is essential to ensure that children and adolescents in the Child Protection System can receive a range of effective services (1,10). Professionals who carry out the interventions must be sensitive to the psychosocial well-being of children and try to compensate for previous situations of neglect (8,11). Generally, the social and medical problems that minors present have gone unnoticed for a long time before entering the System (1).

Regarding health, a timely medical intervention is required, including an initial and thorough examination considering psychological and nutritional aspects, growth parameters, vaccination history and academic progress, gathering as much information as possible (8,10). Furthermore, dental assessments are of great importance because it is very common for children in this situation to not have received preventive measures at home regarding tooth brushing and oral health care without an appropriate role model to imitate, causing oral diseases with different degrees of affectation and a negative impact on their quality of life (2,12).

Specifically, the patient of the case report was found to have premature loss of all primary molars, which compromised his function, nutrition, growth, development, and well-being. Therefore, a treatment plan was established that would meet his functional needs, including the placement of space maintainers to reduce the risk of malocclusions. The planning also considered the difficulty of follow-up due to the dynamics of the Protection System. In addition, the child's behavior was guided to improve his attitude toward the dental visit and compliance with care instructions. Although the contact with the patient was ultimately lost, his prognosis improved.

Regarding the behavior displayed by children who are placed in the Protection System, higher levels of anxiety, externalizing or aggressive problems, impulsiveness, inattention, difficulty regulating emotions and discipline, shyness, frequent mood swings, defiant behavior, and resistance to professional care have been reported (3,8,10,13). A temporary stay in the Protection System should be understood as a window of opportunity for children to receive support and stimulation in an environment that provides them with psychosocial stability (1). Therefore, efforts were made to use behavior guidance techniques that would promote good behavior and not cause further negative experiences for the patient.

Considering the limitations presented in the case report, it is worth mentioning that the available resources of the Social Service did not include a panoramic radiograph, which would have been an important element for diagnosis and treatment planning. Furthermore, an orthodontic evaluation was not available to obtain their point of view about the clinical case. However, the management provided by Pediatric Dentistry could be considered acceptable and beneficial for the patient. On the other hand, the fact that the patient stopped attending dental appointments for almost a year, and that his further follow-up was suspended due to unknown personal reasons was another problem that couldn't be solved. For that instance, it has been mentioned that the transition of children in and out of the Protection System can negatively impact the continuity of medical and dental services (2,14). Furthermore, the scientific search for case reports about children or adolescents under similar circumstances of Foster Care and unmet oral health needs, yielded no results and a comparison with other authors could not be performed.

Among the perspectives, it is worth mentioning the future implementation of preventive dental programs with routine care for children in the Protection System, to prevent any pain or serious problems they may experience. It would also be appropriate to train the staff at the Centers to supervise the oral hygiene of the children in their care (15).

Finally, the primary take-away lesson from this case report is that health professionals and dentists have the opportunity to work collaboratively with a multidisciplinary team for addressing previously unmet social and health needs, and thus benefit children and adolescents in Foster Care.

CONCLUSION

The case report demonstrates the challenges involved in caring for children and adolescents temporarily placed in the Child Protection System. Specifically, Dentistry is a discipline that can have a positive impact on the multidisciplinary and comprehensive care. Dentists working with children in a situation of vulnerability must anticipate discontinuity of care and coordinate the services effectively to ensure a long-term follow-up.

FUNDING: The authors didn't receive any funding for the study.

CONFLICT OF INTEREST: The authors have no conflicts of interest to declare.

AUTHOR CONTRIBUTIONS STATEMENT: Conceptualization and design, Literature review, Investigation and data collection, and Writing-original draft preparation: H.D.L.S.; Writing-review & editing, and supervision: S.S.G.V.

REFERENCES

1. Szilagyi M.A., Rosen D.S., Rubin D., et al. Health Care Issues for Children and Adolescents in Foster Care and Kinship Care. Pediatrics. 2015; 136 (4): e1142-e1166.
2. Melbye M., Huebner C.E., Chi D.L., Hinderberger H., Milgrom P. A first look: determinants of dental care for children in foster care. Spec Care Dentist. 2013; 33 (1): 13-19.
3. Sege R.D., Amaya-Jackson L.; American Academy of Pediatrics Committee on Child Abuse and Neglect, Council on Foster Care, Adoption, and Kinship Care; American Academy of Child and Adolescent Psychiatry Committee on Child Maltreatment and Violence; National Center for Child Traumatic Stress. Clinical Considerations Related to the Behavioral Manifestations of Child Maltreatment. Pediatrics. 2017; 139 (4): e20170100.
4. Kvist T., Wickström A., Miglis I., Dahllöf G. The dilemma of reporting suspicions of child maltreatment in pediatric dentistry. Eur J Oral Sci. 2014; 122 (5): 332-338.
5. Muirhead V., Subramanian S.K., Wright D., Wong F.S.L. How do foster carers manage the oral health of children in foster care? A qualitative study. Community Dent Oral Epidemiol. 2017; 45 (6): 529-537.
6. Solis-Riggioni A., Gallardo-Barquero C., Chavarria-Bolaños D. Prevalence and Severity of Dental Caries in Foster-Care Children and Adolescents. J Clin Pediatr Dent. 2018; 42 (4): 269-272.
7. Sano-Asahito T., Suzuki A., Matsuyama J., et al. Self-Esteem and Oral Condition of Institutionalized Abused Children in Japan. J Clin Pediatr Dent. 2015; 39 (4): 322-325.

8. American Academy of Pediatric Dentistry. Management of dental patients with special health care needs. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2025: 364-71.
9. Ringeisen H., Casanueva C., Urato M., Cross T. Special health care needs among children in the child welfare system. Pediatrics. 2008; 122 (1): e232-e241.
10. Flaherty E., Legano L., Idzerda S.; Council on Child Abuse and Neglect. Ongoing Pediatric Health Care for the Child Who Has Been Maltreated. Pediatrics. 2019; 143 (4): e20190284.
11. Fisher-Owens S.A., Lukefahr J.L., Tate A.R. Oral and Dental Aspects of Child Abuse and Neglect. Pediatr Dent. 2017; 39 (4): 278-283.
12. Bhatia S.K., Maguire S.A., Chadwick B.L., et al. Characteristics of child dental neglect: a systematic review. J Dent. 2014; 42 (3): 229-239.
13. Maguire S.A., Williams B., Naughton A.M., et al. A systematic review of the emotional, behavioural and cognitive features exhibited by school-aged children experiencing neglect or emotional abuse. Child Care Health Dev. 2015; 41 (5): 641-653.
14. Morón E.M., Tomar S.L., Souza R., Balzer J., Savioli C., Shawkat S. Dental Status and Treatment Needs of Children in Foster Care. Pediatr Dent. 2019; 41 (3): 206-210.
15. Camacho G.A., Camacho E., Rodríguez R.A., Guillé A.D., Juárez H.M., Pérez M.G. Predisposing factors for dental caries in girls at an orphanage of Mexico City. Acta Pediátrica de México. 2009; 30 (2): 71-76.