

An unusual sucking habit in a child

NAGALAKSHMI CHOWDHARY, HAZRA GAFFUR¹, SANDEEP¹, RAMESH CHOWDHARY²

Abstract

Presence of oral habit in 3–6 year old children is an important finding in the clinical examination. An oral habit is no longer considered as normal for children near the end of this age group. In pre-school children, digit and dummy sucking is a predominant habit, and girls are found to have a higher level of sucking habit than boys do. Here is a case report of a unique sucking habit, which if not stopped, will lead to dental problem in the child.

Keywords: Child, keloid, oral habit, sucking

Introduction

Habit is a way of acting through fixed repetition. The word habit is such that when the letter “H” is removed, “A BIT” remains; when the letter “A” is removed, “BIT” remains; when the letter “B” is removed, “IT” still remains. This implies the persistence of act and interference with regular pattern of facial growth. The presence of oral habit in 3-6 year old children is an important finding in the clinical examination. An oral habit is no longer considered as normal for children near the end of this age group.^[1] In pre-school children, digit and dummy sucking is a predominant habit,^[2-4] and girls are found to have a higher level of sucking habit than boys do.^[5-7] Here is a case report of a unique sucking habit leading to malocclusion.

Case Report

A 3-year-old girl was presented to the Department of Pedodontics, HKE’s S Nijalingappa Institute of Dental

sciences, Gulbarga, by her parents, with complaints of unusual forearm sucking habit [Figure 1]. The mother was worried about her child’s unusual pattern of sucking habit. Dental history revealed that the child was visiting the dentist for the first time. Interrogation revealed that the child started the habit when she was around 12-13 months old. The child’s parents are daily wage laborers, who are away from the child thought the day.



Figure 1: Child performing the sucking habit



Figure 2: Keloid formation seen on the fore arm due to sucking habit

Department of Pedodontics and Preventive Dentistry, ¹HKE’s S Nijalingappa Institute of Dental Sciences and Research, Gulbarga - 585104, ²Department of Prosthodontics, S Nijalingappa Institute of Dental Sciences, Gulbarga - 585105, India

Correspondence: Dr. Nagalakshmi Chowdhary, Department of Pedodontics and Preventive Dentistry, HKE’s S Nijalingappa Institute of Dental Sciences and Research, Gulbarga – 585104, India. E-mail: drramc@yahoo.com, E-mail: dmnagakshmi@yahoo.com

Access this article online	
Quick Response Code:	Website: www.contempclindent.org
	DOI: 10.4103/0976-237X.76394



Figure 3: Primary dentition of the child showing no significant changes

Extraoral examination

Extraoral examination revealed a keloid on the right hand forearm, which was roughly around 2 cm × 1 cm, and it was hard in consistency and darkly pigmented from the surrounding area. It was observed that during the habit the child could easily suck her forearm without any strain, approximately stretching up to 3-3.5 cm which cannot be performed easily by a normal child [Figure 2].

Intraoral examination

The patient had entire primary dentition. As the habit was in the initial stages, there were no dental and skeletal changes established [Figure 3]. The sucking habit was confined to the incisors only.

Discussion

Prevalence of such a habit seems to be influenced by many factors such as birth rank, feeding method, and socioeconomic status.^[8] There is convincing evidence that educational level of parents has a great influence on digit and dummy sucking.^[9,10] Many authors believe that the method of feeding has no appreciable influence on the acquisition of the habit.^[6,11-14] Paunio *et al.*^[15] reported that children who have been breast fed for a long time tend to develop sucking habits.

Preferably, a habit that has resulted in movement of primary incisors or has inhibited eruption will have to be eliminated before permanent incisors erupt. If a habit that causes dental changes is not eliminated before the permanent incisors erupt, they too will be affected. On the other hand, these are not irreversible changes. If the habit is stopped during the mixed dentition years, the adverse dental changes will begin to reverse naturally. Appliance therapy can be recommended, but generally the teeth will move toward the more neutral position with the absence of the forces of habit.

If no dental changes have occurred, no treatment can be

advocated on the ground of the dental health, but some patients and parents may want treatment because digit or pacifier habit becomes less socially acceptable as a child becomes older.^[1]

A study has shown that school age children consider suckers significantly as less intelligent, less attractive and less desirable to be made friends.^[15] Efforts to discourage the habit may involve as little as a conversation between the dentist and child, or they may involve more complex appliance therapy.

Most important point to remember about any interventions is that the child must want to discontinue the habit for the treatment to be successful.

In this case, since the child was very small parents, were informed about the ill effects of sucking and unaesthetic appearance of keloid on the forearm. Later, they were guided with various methods to keep the child away from such habit with regular follow-up.

References

1. Pinkham J, Pediatric dentistry, Infancy through adolescence. In: Pinkham J, Casamassimo P, Fields HW, Mc Tique DJ, Nowak A, editors. 4th ed. Iowa: Elsevier; 2005. p. 382.
2. Warren JJ, Levy SM, Nowak AJ, Tang S. Non-nutritive sucking behaviours in pre-schoolchildren: a longitudinal study. *Pediatr dent* 2000;22:187-91.
3. Holm AK. A longitudinal study of dental health in Swedish children aged 3-5 years. *Comm dent oral epidemiol* 1975;3:228-336.
4. Farsi NH, Salma FS. Sucking habit in Saudi children prevalence, contributing factors and effects on primary dentition. *Pediatr dent* 1997;19:28-33.
5. Larsson E, Ogaard B, Lindsten R. Dummy and finger sucking habits in young Swedish and Norwegian children. *Scand J dent res* 1992;100:292-5.
6. Hanna JC. Breast feeding vs. bottle feeding in relation to oral habits. *J dent child* 1967;34:243-9.
7. Infant PF. An epidemiological study of finger habits in pre-school children as related to malocclusion, socioeconomic status, race, sex & size of community. *J dent child* 1976;43:33-8.
8. Paunio P, Putava P, Sillanpaa M. The Finnish Family Competence Study: the effects of living conditions on sucking habits in 3-year-old Finnish children and the association between these habits and dental occlusion. *Acta Odontol Scand* 1993;51:23-9.
9. Larsson E. Dummy- and finger-sucking habits with special attention to their significance for facial growth and occlusion. 1. Incidence study. *Sven Tandlak Tidskr* 1971;64:667-72.
10. Wolf AW, Lozoff B. Object attachment, thumb sucking and passage to sleep. *J AM acad child Adolesc psychiatry* 1989;28:287-92.
11. Traisman AS, Traisman HS. Thumb and finger sucking study of 2650 infants and children. *J pediatr* 1958;52:566-72.
12. Zadik D, Stem N, Litner M. Thumb and pacifier sucking habits. *Am J Orthod* 1977;71:197-201.
13. Finocch LL. Breast feeding and bottle feeding and their impact on oral habit and review of literature bent. *Hyg (chic)* 1992;56:21-5.
14. Meyers A, Hetzberg J. Bottle feeding and malocclusion is there an association? *Am J Orthod dentofacial ortho* 1988;93:149-52.
15. Friman PC, McPhersson KM, Warzak WJ, Evans J. Influence of thumb sucking on pre-social acceptance in first grade children. *Pediatrics* 1993;91:784-6.

Source of Support: Nil, **Conflict of Interest:** None declared.