Oral conditions - young children

Summary

- Oral conditions such as mouth ulcers and oral thrush are often seen in young babies and infants.
- Discomfort from mouth conditions such as mouth ulcers and cold sores may be reduced if your child avoids salty, acidic or spicy foods until they heal.
- If mouth ulcers don’t heal within two weeks take your child to see a doctor, dentist or other oral health professional.
- A tooth abscess and swelling of the face requires immediate treatment by an oral health professional or doctor.

It is a good idea to look inside your child’s mouth regularly. Oral thrush, mouth ulcers and cold sores are common problems. The early signs of tooth decay are another thing to look out for. Speak to your doctor, dentist or other oral health professional if you are concerned about anything in your child’s mouth.

Oral thrush in young children

Oral thrush is a fungal infection that affects the soft tissue inside the mouth. It is quite common in young children. Oral thrush looks like milky white patches in the mouth. Your child may also have an infection in the nappy area at the same time. Very rarely a fever and gastrointestinal irritation may show with an oral thrush infection; however, this may also indicate a more general infection.

Treatment for oral thrush

Thrush is treated with antifungal medications applied directly to the affected areas. See your doctor or oral health professional.

Mouth ulcers in young children

Mouth ulcers are a type of sore inside the mouth. They can have several causes.

Traumatic ulcers are a common type of mouth ulcer that results from injury to the mouth; for example, after biting the cheek.

Aphthous ulcers are a painful type of ulcer that tends to come back again and again as one or many sores a few millimetres in size.

Mouth ulcers usually heal on their own in a week or two. If any ulcer does not heal after two weeks, it is important to see a doctor or oral health professional.

Treatment for mouth ulcers

There is not a lot that can be done to treat mouth ulcers, but you can help to reduce pain by:

- avoiding acidic foods and drinks, such as oranges and other citrus fruits
- making sure children regularly drink water
- using a protective gel on the affected area, especially before eating. Take care with any anaesthetic gel, as they can have active ingredients that can be dangerous for young children. Ask your pharmacist, doctor or oral health professional.

Oral herpes (cold sores) in young children

Cold sores are blisters around the mouth and nose, caused by the herpes simplex virus (HSV). Children can get HSV through contact with someone who has a cold sore. The most infectious time is thought to be in the first few days when the cold sore blister is forming. Sometimes, people can pass the virus to others when they have no
symptoms. The virus may also be spread via saliva.

**The first HSV infection**

Most people will not show any symptoms the first time they are infected with HSV. However, for some people, mainly children, the first infection can show as:

- fever
- tiredness
- sores (blisters and ulcers) in and around the mouth
- swollen gums
- pain inside the mouth and on the gums
- a sore throat
- swollen neck glands.

**Cold sores are repeat infections**

Approximately 90 per cent of adults have been infected with HSV. One third of infected people experience cold sores. These are a reoccurrence of the original HSV infection, not a new infection. Cold sores are most common on the lips, but may also occur inside the mouth, nose, eyes or any part of the face.

**Symptoms of cold sores in children**

Symptoms in children may include:

- tingling, burning or itchiness of the skin (these are early signs of a cold sore)
- small clusters of blisters that quickly break out inside the mouth, or on the gums or lips
- yellowish ulcers surrounded by a red circle, which develop after the blisters burst
- red, swollen gums that bleed when touched
- fever, feeling unwell, tiredness and irritability.

See your doctor, dentist or other oral health professional if sores do not heal within two weeks.

**Treatment for cold sores in children**

There is no cure for the HSV infection, but you can help to reduce pain by giving your child:

- lots of fluids, preferably water – dehydration is a risk in small children if it is painful to swallow
- bland foods such as plain natural yoghurt
- little or no salty, spicy or acidic foods.

Ask your pharmacist about pain relief medication and antiviral creams.

**Preventing the spread of cold sores**

HSV is transmitted easily. Steps that can help to reduce its spread include:

- Avoid touching your child’s cold sores and try to keep them from touching them too. Make sure your child washes their hands regularly. Wash your and their hands thoroughly, and as soon as possible, if a sore is touched.
- Keep your child’s utensils such as cups and forks, and items such as towels and face washers separate from everyone else’s, and wash them thoroughly after use.
- Take extra care not to let your child touch anyone around the eyes, including themselves. A herpes infection in the eyes can be quite serious.
- If your child has trouble following hygiene practices, keep them home from childcare or school until their cold sore blister stops weeping (to prevent spreading the virus).

**Tooth abscesses in young children**

A tooth abscess is caused by an infection within a tooth, normally associated with tooth decay. It appears as a
pimple on the gum, swelling of the gum or as swelling of the face on the side of the affected tooth.

See a doctor, dentist or other oral health professional immediately if you think your child may have a tooth abscess.

Cellulitis

**Cellulitis** is a bacterial infection that can appear as a redness of the skin, swelling and fever, and has the ability to spread very quickly. If this infection is seen on the face, it can be related to a tooth abscess, where the infection has spread to the deep layers of the skin on the face.

See a doctor, dentist or other oral health professional immediately if you notice these symptoms.

Mucoceles in young children

A mucocele is a soft, bluish-grey swelling, usually on the lower lip. It can be caused by trauma to the lip, often from lip biting.

Mucoceles will often burst and heal by themselves. If they don’t heal, or if they become a problem, see your doctor, dentist or other oral health professional.

Eruption cysts in young children

An eruption cyst is a smooth, bluish, dome-shaped blister that appears on the gum where a tooth is coming through. Usually treatment is not required because the cyst bursts when the tooth breaks through.

Seek advice from a doctor or oral health professional if you think the area may be infected or if the cyst doesn’t resolve when the tooth erupts, or within two weeks.

Hand, foot and mouth disease in young children

**Hand, foot and mouth disease** is characterised by painful ulcers in the front of the mouth and small blisters on the hands and feet. Your child may also have a sore throat or mouth and a minor fever.

This disease will heal by itself. Give fluids (mostly water) and soft foods to reduce discomfort. Keep your child at home until the sores have dried to prevent spreading the disease.

Measles in young children

**Measles** first appears as lots of small white spots that look like grains of salt surrounded by inflammation (swelling and redness) on the inside of the cheeks. The white spots appear two to three days before the measles rash shows on the face and body.

Measles can be a serious condition in young children. See your doctor immediately if you think your child might have measles.

Chalky teeth in young children

About one in six children have ‘chalky teeth’ (also known as hypomineralised enamel). This can look like creamy-brown or very white spots (like the colour of chalk), particularly on the molars (back teeth).

Teeth can become ‘chalky’ if the enamel (tooth surface) doesn’t harden properly when the tooth is forming in the developing foetus. Because these teeth are weaker, they have a much higher risk of tooth decay.

Chalky teeth can sometimes be confused with tooth decay. If you notice anything unusual about your child’s teeth, always see your dentist or other oral health professional as soon as possible.

Where to get help

- Your [dentist](#)
- [Dental Health Services Victoria](#) provide public dental services through the Royal Dental Hospital Melbourne and community dental clinics, for eligible people. For more information about public dental services Tel. **(03) 9341 1000**, or **1800 833 039** outside Melbourne metro
