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Early childhood caries is preventable but the prevalence of the disease is increasing. Prevention par 1: Are we aware of it as general practitioners or we too busy trying to treat

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This paper is first part of series discussing the current thinking of early childhood dental caries and prevention. It will discuss the caries and prevention in general giving an introduction to the further more detailed reviewing of the methods used for caries prevention. The purpose of the paper: 1) to modify and redirect current GDP thinking toward preventing the dental disease instead of treating it. To encourage GDP to educate parents of the importance of early dental consultation and scheduling the first child appointment as early as the first tooth erupt. 2) To enable them to identify the risk factors and systematically implement the prevention methods in their daily practice in references to recent recommendation and guideline. The paper will be discussing three main subjects including 1) an introduction of early childhood caries causes, prevalence, its effect and tools of assessing risk factors. 2) Common methods for caries preventions their use, effectiveness and controversy around them. 3) References to recommendation and guild line currently used in caries prevention. Early childhood caries is significant public health problem in selected population and is also found throughout the general population. So As GDP we should do our best to educate the parent and guardian and other health professionals of the importance of prevention of ECC and to aims our goal in reducing prevalence of the EEC through delivering the methods of prevention in our daily practice by following appropriate recommendations and guidelines.

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An *in vivo* comparison of the anti-bacterial efficacy of photo-activated disinfection, diode laser and 5.25% sodium hypochlorite in root canal disinfection

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Introduction: Pulpal infections are caused by varied number of organisms and are located in various sites of root canal system. This micro-biota can be eliminated or reduced by using various treatment modalities.

Materials & Method: Thirty two patients were selected according to the inclusion criteria and were divided into four groups viz. group A (PAD), n=10; group B (Diode laser), n=10; group C (NaOCl), n=10; group D (Normal Saline), n=2. The treatment was done according to the group and following manufacturer's instructions. The efficacy of each group was evaluated by using microbial culturing technique. Three samples Preoperative (1), after first application (2) and after second application of disinfection protocol (3) were taken for each group and were incubated separately for aerobic and anaerobic culture at 37°C for 24 hrs. Microbial counting was done for each sample in the form of colony forming units (CFU) and the mean CFU counts were tabulated.

Results: Microbial counting was done for both aerobic as well as anaerobic culture in the form of CFUs. The results were evaluated statistically using two-way Analysis of Variance (ANOVA) and Friedman test. All the groups showed reduction in number of bacteria. The statistical significant difference ($p<0.0001$) were observed for Group A, with aerobic and anaerobic microorganisms whereas for Group B and C, it was observed only with aerobic microorganisms.

Conclusion: PAD, Diode laser and 5.25% NaOCl showed antibacterial action against aerobic and anaerobic bacteria.

Notes:

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