RAMPANT CARIES AND LABIAL CARIES — SYNONYMS?

To the Editor: Caries in the deciduous dentition has received much attention. Workers in many parts of the world have studied aspects of its aetiology, especially associated factors, such as the use of sweetened comforters, bottle feeding, and its relationship to socio-economic gradings. Workers in this field have not failed to notice the widespread decay so often associated with caries in the very young, which may be so extensive that 'such a process may lead to the entire destruction of the deciduous dentition by two-and-a-half years of age'. There is no doubt that this extensive caries may be aptly described as rampant (there is perhaps no better word), which is defined by *Webster's English Dictionary* as 'overleaping restraint or natural bounds'.

Winter *et al.*, in a discussion of rampant caries, wrote: 'Although there is little universal agreement on a definition of rampant caries, it may be described as a lesion of acute onset involving many or all of the erupted teeth, rapidly destroying coronal tissue . . . ' These authors go on to discuss labial caries as merely the primary stage of a more widespread carious process. Caries affecting 1 or more teeth occurs in our opinion, synonymous, and therefore a clear delineation should be scrapped.

In order to avoid unnecessary confusion, we feel that labial caries should be reported separately, and be defined as being present if there is a carious lesion affecting at least 1 maxillary incisor on its labial surface. This may or may not occur in the presence of caries affecting 1 or more teeth on surfaces other than labial. The term 'rampant caries' should be defined as carious lesions present on 5 or more teeth, i.e. 25% of the deciduous dentition, irrespective of whether there is or is not labial surface involvement. The two terms are not, in our opinion, synonymous, and therefore a clear delineation may assist in avoiding the present confusion. This differentiation does not preclude the fact that labial caries may well be the primary stage of a more widespread carious process, nor that a child with 5 or more carious teeth, i.e. with widespread decay, but with no labial involvement, should be regarded as not suffering from rampant caries.

To cite an example, in a survey of dental caries in South Africa on 736 Black (519 rural, 217 urban) and 518 White children aged from 1 to 6 years, the overall prevalence of caries was 36,0% in Black rural children, 47,9% in Black urban children, and 67,6% in White urban children. In children with rampant caries, defined as a DMF score of 5 or more, prevalences were 13,7% in Black rural children, 27,6% in Black urban children, and 34,7% in White children, respectively. However, the prevalence of labial caries (defined as caries on the labial surface of 1 or more maxillary incisor teeth) was 11,6% in rural Black children, 2,8% in urban Black children and 11,2% in White children. Thus there were marked differences in the prevalence of total and rampant caries compared with the incidence of labial caries. The two conditions can hardly be regarded as the same.

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To the Editor: With reference to Dr Y. K. Seedat's article, I wish to point out that although the seventh edition of *Harrison's Principles of Internal Medicine, 1974*, gives 'mutabase' as a trade name for nitroprusside, the registered trade name in South Africa is 'Hyperstat'.

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