When is GC Tooth Mousse Plus preferred to GC Tooth Mousse?
GC Tooth Mousse Plus contain 900 ppm fluoride and is recommend for:
• children 6 years old and older
• patients where additional fluoride exposure is desired.

For how long should I continue using GC Tooth Mousse?
Home application of GC Tooth Mousse could be a transitional step to help reduce sensitivity for your child prior to restorative treatment, or it could be part of a longer term treatment strategy. Your dental professional will guide you on this.

Available in these great flavours:
Melon, Strawberry, Tutti-Frutti, Mint & Vanilla

Go to www.thed3group.org to read or download the storybook.

Notes:

GC Tooth Mousse contains RECALDENT™ (CPP-ACP), a unique ingredient developed at The School of Dental Science, The University of Melbourne, Victoria, Australia. RECALDENT and RECALDENT Device are trademarks used under licence. GC Tooth Mousse should not be used by people with milk protein allergies. If any allergic reaction occurs, this may indicate sensitivity to the benzoate preservatives, or to some other component of the product. In this event, discontinue use of the product and contact your physician.

HS Code: GC-MOLAR-HYPMIN
What is Molar Hypomin?

Often called Chalky Teeth, Molar Hypomin is short for Molar Hypomineralisation, a developmental dental defect (D3) that mainly affects “molars” which are our back teeth. “Hypomin” describes tooth enamel that is soft and porous rather than hard and shiny white; and it’s that softness which can cause problems.

What should I look for in my child’s mouth?

Most prone to Molar Hypomin are the “6-year-old molars” – otherwise known as the first “adult” or “permanent” molars whose eruption into the mouth typically occurs at 6–7 years of age. The commonest sign is chalky spots (creamy-yellow/brown or extra-white patches) on a child’s teeth.

Where can I find more information about Molar Hypomin?

The D3 Group website has important information to help educate families and children about Hypomin. A storybook, “It’s just one of those things Sam. A Kids’ Guide to Molar Hypomin”, is also available on The D3 Group website for online reading and/or download. For further information on Molar Hypomin please visit www.thed3group.org

http://thed3group.org/sam-has-molar-hypomin.html

What is GC Tooth Mousse?

GC Tooth Mousse is a great tasting crème that contains RECALDENT™ (CPP-ACP), a milk-derived protein that provides high concentration bio-available calcium and phosphate. RECALDENT™ (CPP-ACP) binds to the tooth surface providing relief from sensitivity while releasing calcium and phosphate to strengthen and protect Hypomin teeth.

GC Tooth Mousse Plus has the added benefit of 900 ppm fluoride to provide a higher level of protection for your child.

Why is GC Tooth Mousse recommended for treatment of Molar Hypomin?

Hypomin molars are at much higher risk of tooth decay, so additional protection and home care are needed.

GC Tooth Mousse strengthens and protects Hypomin molars.

A 3-year research study reported that treatment with GC Tooth Mousse was able to markedly improve the mineral content and reduce porosity of Hypomin molars†. In addition, regular applications of GC Tooth Mousse can help soothe and provide comfort for children suffering dental pain from Molar Hypomin.

Depending on the degree of severity and compliance, GC Tooth Mousse can be the preferred long term treatment strategy, or it may simply be applied for patient comfort prior to complex treatment.

How do I apply GC Tooth Mousse?

1. Squeeze a small amount of GC Tooth Mousse onto your clean finger. Your dental professional will guide you on the right quantity to use.

2. Apply to all Hypomin teeth with your finger and then use your tongue to spread evenly around all your teeth.

3. Leave GC Tooth Mousse on Hypomin teeth for at least 3 minutes. After application, do not rinse your mouth; you can spit out or swallow the remainder.

How often do I apply GC Tooth Mousse?

Application frequency will depend on:
- the severity of Molar Hypomin
- how early the problem is diagnosed, and
- the extent of restorative procedures required for your child.

Your dental professional will guide you on this.

Cover image: Dr. James Lucas

Mahoney EK, Morrison DG. Further examination of the prevalence of MIH in the Wellington region. NZ Dent J. 2011; 107(3):79-84