An unusual sucking habit in a child

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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 labors, 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
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, Lotoft 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. Finocchi 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 ortho1988;93:149-52.
15. Friman PC, McPherson KM, Warzak WJ, Evans J. Influence of thumb sucking on pre-social acceptance in first grade children. Pediatrics 1993;91:784-6.

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