The term interproximal means between two adjacent surfaces. Decay found on the smooth surfaces between two teeth is termed interproximal decay. This area is difficult, if not impossible, to visually examine clinically with an explorer. Therefore, dental radiographs are necessary to properly determine if your child has decay.

It is documented that 60-70% of decay on primary (baby) teeth is interproximal and that 80-90% of decay on permanent teeth is on the biting surface (pits and fissures). This is due to the anatomy differences in primary and permanent teeth. It is also well documented that ~70% of teeth with interproximal decay have an interproximal decay on the adjacent tooth. In addition, ~90% of children who develop interproximal decay on one side of the mouth will develop interproximal decay on the other side of the mouth.

Interproximal decay lesions viewed on a dental radiograph can be classified as incipient, moderate, advanced and severe. Home care should include daily brushing, flossing, fluoride rinse and care with in-between meal snacks and drinks.

**Incipient Decay**
- Less than 1/2 the thickness of enamel
- Incipient means beginning to exist or appear
- An incipient lesion is seen in enamel only.
- Incipient lesions can be called etching.
- **Treatment:** Monitor

**Advanced Decay**
- Involves enamel and the DEJ
- Less than 1/2 the distance to the pulp cavity
- Advanced interproximal lesion extends through the dentin, but does not extend into the pulp (nerve).
- **Treatment:**
  - Left side: Resin (white filling)
  - Right side: Stainless Steel Crown

**Severe Decay**
- Dentin penetrated more than 1/2 the distance to the pulp cavity
- Severe interproximal lesions extend through enamel, the dentin and approximates or enters pulp (nerve).
- Severe lesions may clinically appear as a cavitation (or hole) in the tooth.
- **Treatment:** Stainless Steel Crown and Pulpotomy (nerve treatment) or Extraction and Space maintainer.