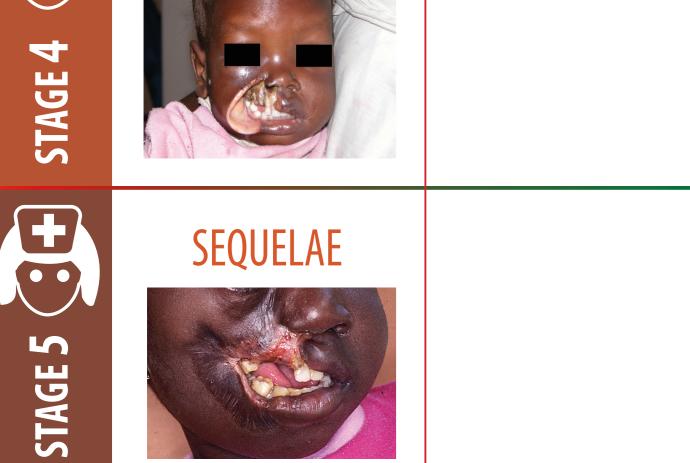
## SYSTEMATIC ORAL SCREENING OF ALL AMBULATORY CHILDREN

mainl the po	a is an acute gangrenous infection by affecting the mouth and face. It otential to cause massive tissue uction.	Noma occurs primarily in malnourished or immunosuppressed children with poor oral hygiene.		Left untreated, noma has a mor- tality rate of up to 90%.		In the absence of adequate treat- ment in the acute phase, complex plastic surgery will be necessary to reconstruct the face.	
	<b>STAGES</b>	CLINICAL SIGNS	STRATEGY A STRUCTURE TREATMEN	<b>OF</b>	MEDICAL TREATMENT PROTOCOL ACCORDING TO GIVEN STRUCTURE	MESSAGE GIVEN TO FAMILY AND CHILD	
	HEALTHY MOUTH	<ul> <li>Firm gum</li> <li>No edema</li> <li>No inflammation (red edge) of the gums around the teeth</li> <li>No bad breath</li> <li>No pain</li> <li>No bleeding</li> </ul>	<ul> <li>Community Health Care</li> <li>Board of Health Education</li> </ul>		<ul> <li>Treatment of associated diseases and mal- nutrition if necessary</li> <li>Therapeutic education of the child's care- giver</li> </ul>	<ul> <li>Nutritional education</li> <li>Education in oral hygiene</li> <li>Education in general hygiene (personal and household)</li> </ul>	
STAGE 0	<section-header></section-header>	<ul> <li>Swelling of the gums</li> <li>Inflammation of the gums (red edge)</li> <li>Occasional bad breath</li> <li>Pain when touch and brushing</li> <li>+ Or - bleeding of the gums when touching or brushing</li> </ul>	<ul> <li>Community Health Care &amp; Hygiene</li> <li>Committee on health education</li> </ul>		<ul> <li>Wash mouth with salted boiled water daily</li> <li>Dental hygiene care</li> <li>Treatment of associated diseases and malnutrition if necessary</li> <li>Therapeutic education of the child's caregiver</li> <li>If gingivitis signs persist for more than 8 days =&gt; Repeat dental hygiene and intensify surveillance, strengthen education of patient's caregiver</li> </ul>	<ul> <li>Explanation of the disease</li> <li>Nutritional education</li> <li>Education in oral hygiene</li> <li>Education in general hygiene (personal and household)</li> <li>When no improvement after 8 days =&gt; return the child to the health center for verification of progress and reinforce and repeat messages and explanations mentioned above</li> </ul>	
STAGE 1	<section-header></section-header>	<ul> <li>Bad smell</li> <li>Gum pain</li> <li>Inflammation of the gums (severe redness)</li> <li>Swelling of the gums</li> <li>Spontaneous bleeding of the gums</li> <li>+ Or - gum necrosis (localized to one or a few teeth)</li> <li>Sometimes part of the bone visible below the gum</li> </ul>	<ul> <li>Immediate referral to the health facility for medical care</li> </ul>		<ul> <li>If the patient is not malnourished :</li> <li>Wherever possible refer the child to a dentist or a person capable of cleaning gums and teeth</li> <li>Dental hygiene care and close monitoring</li> <li>Oral analgesics according to the levels of pain</li> <li>Treatment of associated diseases and nutritional supplements if necessary</li> <li>Therapeutic education of the child's caregiver</li> <li>If the patient is malnourished :</li> <li>As above but treat malnutrition and add oral antibiotics for 14 days</li> <li>Mouthwash with antiseptic</li> </ul>	<ul> <li>Explanation of the disease</li> <li>Nutritional education</li> <li>Education in oral hygiene</li> <li>Education in general hygiene (personal and household)</li> <li>Identify a person in the family that takes care of the child</li> </ul>	
STAGE 2	ACUTE NOMA EDEMA	REFER FOR EMERGENCY ADMISSION TO HOSPITAL					
STAGE 3	<section-header></section-header>		REFER FOR EMERGENCY ADMISSION TO HOSPITAL				
	CICATRIZATION						



REFER AS SOON AS POSSIBLE TO EXPERIENCED NGO IN NOMA OR TO HOSPITAL FOR CLEANING/ REMOVING SEQUESTRA (BONES/ TEETH), ASSESSMENT OF LESIONS AND FUNCTIONAL IMPAIREMENT (MOUTH OPENING MEASUREMENT), PHYSIOTHERAPY

## FOR ALL STAGES, PROPOSE SYSTEMATIC COUNSELING AND HIV TESTING.

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