



DR. SHORHEH SHARIF

Child Oral Health Care

A THOROUGH APPROACH TO PEDIATRIC DENTISTRY

BY JOHN BYRD



Dr. Shorheh Sharif

Dr. Shorheh Sharif has opened a second branch of Greater Washington Dentistry in a 7,000 sq. ft. suite on Lee Highway in Fairfax. The new facility is equipped with 3-D imaging scanners, digital x-rays and intraoral cameras and is part of an expansion of a practice that began 20 years ago. Their second office in Merrifield serves adults as well as children.

“We wanted to make it easier for families in Falls Church and Vienna to visit us,” says Dr. Sharif, who has been practicing for 23 years and is a diplomate of the American Board of Pediatric Dentistry, as well an assistant professor at Howard University. “This is fundamentally a response to a growing demand for our particular specialty.”

Dr. Sharif is joined in the new location by other associates, including a general dentist, an orthodontist and two pediatric dentists. She has an experienced and caring support staff.

Commenting on current professional practices in Northern Virginia, Dr. Sharif notes that the emphasis today is on “a thorough approach” that gives children the support they will need from infancy into adolescence. “We’re strong on early identification of potential orthodontic problems, but also help kids focus on developing habits that will serve them for a lifetime,” Dr. Sharif adds.

“Visiting a pediatric dentist by the first birthday enables a child to find a dental home and begin a lifelong preventive dental care program that will minimize tooth



decay and cavities,” she continues. “Pediatric dentists, in fact, can detect early tooth decay, provide parents with information on proper oral and facial development, determine fluoride needs and more.”

Dr. Sharif says treatment at Greater Washington Dentistry usually begins with an assessment of a child’s risk of decay, which sometimes calls for special toothpaste and fluoride-containing products.

“Everyone has unique fluoride needs,” she notes. “There are high-, moderate- and low-risk patient groups for whom a preventive oral care plan is developed.”

In cases where preventive treatment is warranted, the doctor may suggest sealants, which are thin plastic coatings applied on the chewing surfaces at the back teeth to keep food particles out of vulnerable interstitial grooves.

Permanent molars are the most likely beneficiaries of sealants. The first molars usually come into the mouth when a child is about 6 years old. Second molars appear at about age 12. It is best if the sealant is applied soon after the teeth have erupted—before they have a chance to decay.

“When a child has lost a baby tooth prematurely or developing a permanent tooth in a bad position, the space needed for future teeth—and orthodontic treatment—must be preserved,” Dr. Sharif says. “In these situations, we sometimes propose space maintainers, which we custom fabricate to fit the mouth perfectly.”

Helping young children overcome bad habits is also

an essential part of sustainable dental care. Oral and digit habits such as thumb, finger, tongue and pacifier sucking famously have adverse effects on a child’s developing dentition and oral facial muscles. If these problems are corrected early (by age 3-4), a child can avoid long-term orthodontic treatment. Selection of an appliance that will reorient the tongue and the muscles depends on the particular oral problem and must address each child and their oral habits individually.

Greater Washington Dentistry also advocates at-home whitening when appropriate. This procedure calls for professional strength products applied in custom-fitted trays made in our office to fit perfectly over an adolescent’s teeth. The process whitens natural teeth and may contain ingredients intended to provide maximum comfort. At-home professional whitening generally takes 10-14 days, although one may notice results in as little as three to five days.

Finally, Greater Washington Dentistry has had a lot of success in providing food and diet counseling to young patients. It is important for children to learn, for instance, that foods with a high percentage of sugar and processed carbohydrates are more carcinogenic than others. On the other hand, some foods have a self-cleaning property that may make teeth caries-resistant. As part of learning about good health, diet counseling is an important part of a productive dialogue that can evolve as a patient matures.

“Our pediatric practice concentrates on early identification of potential orthodontic problems, but also helps kids focus on developing habits that will serve them for a lifetime.”

—Dr. Shorheh Sharif

Above: Greater Washington Dentistry’s new Merrifield facility on Lee Highway is offering pediatric, orthodontic and general dentistry services. The practice is now seeing adults as well as children.

Opposite: Three-dimensional imaging, digital x-rays and intraoral cameras are among the technologies applied to obtain accurate diagnosis and treatment.

Inset: Young child benefitting from early orthodontic care.