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FDI POLICY STATEMENT

Minimally Invasive Intervention for Caries Management (MIICM)

Revised version adopted by the FDI General Assembly: 2026, Prague, Czech Republic

Revised version adopted by the FDI General Assembly: 2016, Poznań, Poland

Original version adopted by the FDI General Assembly: 2002, Vienna, Austria

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CONTEXT

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4 Dental caries remains one of the most prevalent noncommunicable diseases
5 worldwide. Since the 2016 revision of this policy statement, advancements in
6 evidence-based caries management and a refined understanding of Minimal
7 Intervention Dentistry have emerged. Minimally Invasive Intervention for Caries
8 Management (MIICM) prioritizes early caries detection and conservative treatment
9 strategies to maintain tooth integrity while improving patient outcomes. This
10 sustainable approach aligns with contemporary demands for patient-centered dental
11 care through preventive protocols and minimally disruptive therapeutic interventions.
12

13 Dental caries is a demineralization process. It can be arrested or reversed in its early
14 stages through patient-centered strategies, including dietary sugar reduction, twice-
15 daily biofilm removal with tooth brushing and interdental cleaning, and use of fluoride
16 toothpaste along with bioactive materials. Professionally applied fluoride therapies
17 (varnish or gel) and dental sealants remain foundational. Researchers continue to
18 explore advanced dental materials to remineralize initial carious lesions¹.
19

20 MIICM integrates contemporary diagnostic tools, risk assessment protocols, and
21 preventive-therapeutic strategies to manage initial dental caries. MIICM focuses on
22 early detection and prevention of initial caries. Visual-tactile examination with aid of
23 advanced technologies facilitates precise detection of carious lesions and
24 assessment of carious lesion activity and risk². Validated risk assessment tools guide
25 clinicians in selecting evidence-based interventions and tailoring intervals of
26 supporting care.
27

28 **SCOPE**

29 Minimally invasive dentistry focuses on selectively removing only irreversibly
30 demineralized enamel and dentin while preserving healthy tissue³. This approach
31 intentionally leaves carious dentin beneath restorations, as evidence shows such
32 retained lesions remain stable without causing clinical complications⁴. In its early
33 stages, the demineralization process of caries activity can be arrested or even
34 reversed⁵. Evidence supports repairing defective restorations over replacement,
35 reducing unnecessary treatment, and preserving tooth integrity⁶.

36
37 The MIICM approach focuses on conserving tooth structure through six core
38 principles: preventive strategies to maintain sound teeth, early detection of carious
39 lesions, assessment of caries risk and activity, remineralization of non-cavitated
40 lesions, personalized recall intervals, minimally invasive operative techniques, and
41 restoration repair over replacement where clinically appropriate.

42

43 **UNIVERSAL POLICY PRINCIPLES**

44 MIICM is a prevention-oriented, patient-centered, evidence-based practice. Its core
45 principles include equitable access, clinical sustainability, and scientific integrity,
46 ensuring treatments are both biologically effective and socially responsible.

47

48 **POLICY**

49 The FDI supports the integration of MIICM into prevention-focused, person-
50 centered oral-health systems. MIICM aligns with evidence-based practice by
51 prioritizing early identification, risk-based decision making, and minimally invasive
52 care. Stakeholders at all levels are encouraged to promote MIICM through
53 education, implementation, and research that strengthen equitable access and
54 long-term oral-health outcomes.

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56 **KEYWORDS**

57 Minimal Intervention Dentistry, dental caries, caries prevention, caries
58 management, minimally invasive restoration.

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60 **DISCLAIMER**

61 This statement reflects the best available evidence at the time of publication.
62 Implementation should consider cultural, economic, and clinical contexts.

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