

Tooth eruption

The permanent teeth

Most people have two sets of teeth during their life: a set of primary or “baby” teeth and the permanent or “adult” teeth.

Besides helping children chew and pronounce words, the primary teeth hold a place in the jaws for the permanent teeth, which begin to push through the gums as the primary teeth are shed.

While most children have 20 primary teeth—10 in each of the upper and lower jaws—these teeth eventually are replaced by 32 permanent teeth, 16 in each jaw.

The first permanent molars usually erupt between ages 6 and 7 years. For that reason, they often are called the “six-year molars.” They are among the “extra” permanent teeth in that they don’t replace an existing primary tooth. These important teeth sometimes are mistaken for primary teeth. However, they are permanent and must be cared for properly if they are to last throughout the child’s lifetime. The six-year molars also help determine the shape of the lower face and affect the position and health of other permanent teeth.

Most children have 28 of their permanent teeth by age 13 years. These include four central incisors, four lateral incisors, eight premolars, four canines and eight molars.

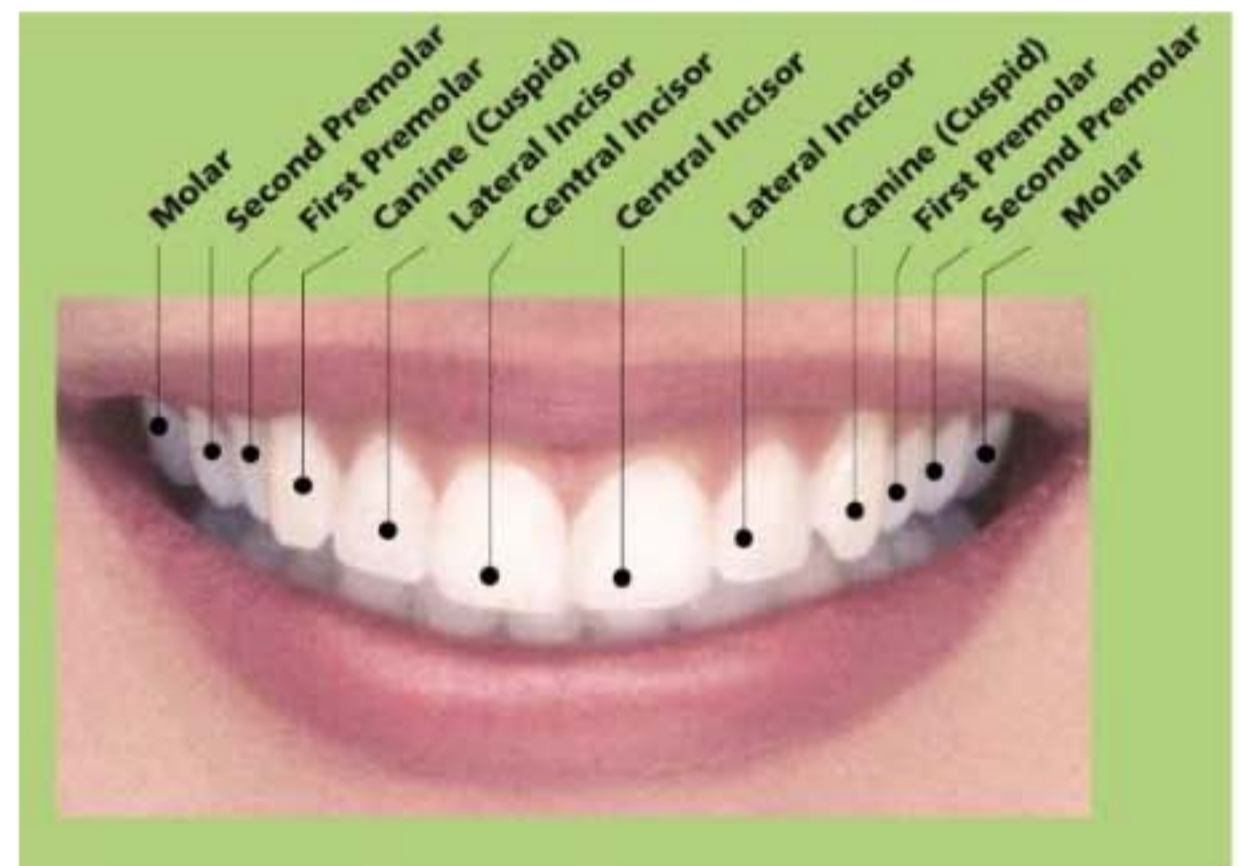
The last of the permanent teeth to appear are called “third molars,” or “wisdom teeth.” They usually begin to erupt—pushing their way through the gums—between ages 17 and 21 years. Because they are so far back in the mouth, third molars often are not needed for chewing and are difficult to keep clean. Your dentist may recommend their removal to prevent potential complications when third molars are erupted partially or are impacted.

The chart and photograph identify the names of the permanent teeth and provide the approximate ages at which you can expect the teeth to erupt.

Heredity and other factors may influence the approximate ages at which children’s primary teeth shed and their permanent teeth emerge.

Thorough brushing and flossing help remove food particles and plaque (a sticky film of bacteria) from the smooth surfaces of teeth. But toothbrush bristles cannot reach into the pits and fissures (depressions and grooves) of the chewing surfaces to

Permanent Teeth		Erupt
Upper Teeth		
Central Incisor		7-8 Years
Lateral Incisor		8-9 Years
Canine (Cuspid)		11-12 Years
First Premolar (First Bicuspid)		10-11 Years
Second Premolar (Second Bicuspid)		10-12 Years
First Molar		6-7 Years
Second Molar		12-13 Years
Third Molar (Wisdom Tooth)		17-21 Years
Lower Teeth		
Erupt		
Third Molar (Wisdom Tooth)		17-21 Years
Second Molar		11-13 Years
First Molar		6-7 Years
Second Premolar (Second Bicuspid)		11-12 Years
First Premolar (First Bicuspid)		10-12 Years
Canine (Cuspid)		9-10 Years
Lateral Incisor		7-8 Years
Central Incisor		6-7 Years



remove food and plaque.

Dental sealants protect these vulnerable areas by sealing out debris and plaque bacteria. A sealant is a plastic material that usually is applied to the chewing surfaces of the back teeth—premolars and molars—where decay occurs most often. The plastic resin bonds into the pits and fissures of the chewing surfaces of back teeth. The sealant acts as a barrier, protecting enamel from plaque and acids.

Protect permanent teeth by brushing twice a day with a fluoride toothpaste that has the ADA Seal of Acceptance, cleaning between teeth once a day with floss or another interdental cleaner and scheduling regular dental visits. ■

Prepared by the ADA Division of Communications, in cooperation with The Journal of the American Dental Association and the ADA Council on Scientific Affairs. Unlike other portions of JADA, this page may be clipped and copied as a handout for patients, without first obtaining reprint permission from the ADA Publishing Division. Any other use, copying or distribution, whether in printed or electronic form, is strictly prohibited without prior written consent of the ADA Publishing Division.

“For the Dental Patient” provides general information on dental treatments to dental patients. It is designed to prompt discussion between dentist and patient about treatment options and does not substitute for the dentist’s professional assessment based on the individual patient’s needs and desires.