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ORIGINAL RESEARCH

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Reliability and quality of YouTube™ videos about molar incisor hypomineralization

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Abstract

Background: The aim of this study was to evaluate the reliability and quality of videos about molar incisor hypomineralization (MIH) on YouTube. **Methods**: The term "molar incisor hypomineralization" was searched on YouTube and 58 videos were screened. Seventeen YouTube videos that met the inclusion criteria were included in the study. Videos were evaluated using the Modified Global Quality Score (mGQS), Video Information and Quality Index (VIQI), Journal of the American Medical Association Scale (JAMAS), and Total Content Score. Based on the total content scores, videos with 0–4 points were considered to have low content, and those with 5–9 points were determined to have high content. **Results**: The findings showed an average total content score of 3.94 ± 2.65 out of 9. A total of 11 videos (64.7%) had low content, while 6 videos (35.3%) had high content. There were significant differences across the content categories for the amount of likes, total VIQI score, authorship, validity, and mGQS ($p < 0.05$). Following a comparison of the number of likes on videos with high and low content, it was discovered that the ones with higher content had significantly more likes ($p < 0.05$). **Conclusions**: YouTube videos about MIH are limited in quantity, and also the majority of the videos featured poor quality content and inadequate information. Since social media had a power on today's information habits; a quality video can provide a roadmap by step-by-step explanations. Pediatric dentists can play a significant role in improving the quality of life for both patients and their families by creating and uploading high-quality videos on the symptoms, diagnostic process and management strategies of this disease.

Keywords

Molar incisor hypomineralization; Video analysis; YouTube; Health informatics

1. Introduction

Molar Incisor Hypomineralization (MIH) is defined as a developmental enamel defect of systemic origin of one to four permanent first molars frequently associated with affected incisors. Demarced opacities can vary in colour from white/creamy to yellow/brown. MIH has a wide range of clinical challenges for affected patients. Rapid caries progression, post-eruptive enamel breakdown, hypersensitivity, difficulties in anesthesia and in restorative treatment can be considered as handicap for this patients [1]. MIH has a high prevalence worldwide and the prevalence varies according to countries in the literature. It was shown that global prevalence is 13.1% while it is within 3.6–23.4% in Europe [2]. However, the etiology of the disease is still not understood clearly; multiple factors may affect its occurrence [3]. Pain, hypersensitivity, fragile enamel, exposed dentine and rapid-developing caries lesions make MIH a challenging issue. According to the variation of clinical appearance; treatment options also change a long line of preventive treatments, restorations, and extractions at early ages [4].

MIH can significantly impair the quality of life of young patients and their families. Unfortunately, its' prevalence is higher that its' public awareness. The misconceptions like "poor oral hygiene" or "a simple stain" prevents accurate diagnosis and early treatments; often it ends with significant damages. Early treatments due to early diagnosis can solve many problems before they become bigger. To reach an early diagnosis the parents must be aware of this disease. they have to learn about MIH. Nowadays people frequently seek health information through online searches. We all use social media platforms to obtain updated data, so it is simple and easy. Social media platforms that allow users to share videos are among the most popular sources for information; the most renowned with YouTube [5]. On the other hand, the quality of this online content cannot be guaranteed, so individuals might be misled by it. Though it is not a peer-reviewed process; many studies have been performed and more are needed to assess the accuracy and reliability of the data provided by YouTube videos, especially in the area of health

issues [6–12]. These studies encompass a range of topics including brain tumors [6], dental trauma [7], masseter botox applications [8], orthodontics [9], stainless steel crowns [10], pediatric zirconia crowns [11], and regenerative endodontics [12], highlighting the widespread use of YouTube as a source of patient information across diverse health disciplines.

Since MIH prevalence in childhood is high globally and online searches became popular, a literature search was performed and found no studies evaluating the quality and reliability of YouTube videos on MIH; therefore, this study was conducted. The aim of this study was to screen videos about MIH on YouTube, to evaluate their quality and reliability according to up-to-date scientific literature, and to assess patients' access to accurate information by social media. The study hypothesized that the content quality of MIH-related YouTube videos is not significantly correlated with VIQI, JAMAS and mGQS scores.

2. Materials and methods

YouTube™ (https://www.youtube.com/) platform was chosen to obtain the data to be used in the study on the date of 14 March 2024. To minimize algorithm-driven personalization and simulate the experience of an average user, all searches were conducted using incognito mode in Google Chrome. Additionally, browser history, cookies, and cache were cleared prior to each search to prevent influence from previous activity. This approach aimed to reduce user-specific bias in the video results retrieved. Using the "Google Trends" tool, it was decided that the term to be searched on YouTube™ was "molar incisor hypomineralization". As the data analyzed in this study were publicly available on YouTube and did not involve direct interaction with human participants or the collection of personal data, ethical approval was not required. 58 videos on the first three pages of YouTube™ were analyzed when the search term was entered. Video source URLs have been secured and stored. Videos in language English and related to MIH were included in the study. Videos in non-English, longer than 25 minutes, have no audio/written narration, and no relation to MIH were excluded from the study. Also, duplicated videos were out of the study. All the inclusion criteria was shown in Fig. 1. This study included only English-language videos, as the reviewers were fluent in English and trained to apply the evaluation tools in this language. The exclusion of videos in other languages, may limit the generalizability of the findings to non-English-speaking audiences. The nation of origin, the upload source, the category of video (educational or patient experience), the number of views, likes, dislikes, and comments, the length of the video, and the upload date were all documented for the each video. To ensure consistency in video evaluation, two independent reviewers assessed a total of 10 videos using standardized JAMAS score. Each reviewer scored the videos individually based on predefined criteria. Prior to full data collection, a calibration phase was conducted. The two reviewers independently rated the same set of videos, and any discrepancies were discussed to align interpretations of the scoring system. Inter-rater reliability was assessed using Cohen's kappa coefficient, which was calculated to be 0.89, indicating an almost perfect level of agreement between the reviewers. This high level of agreement suggests that the

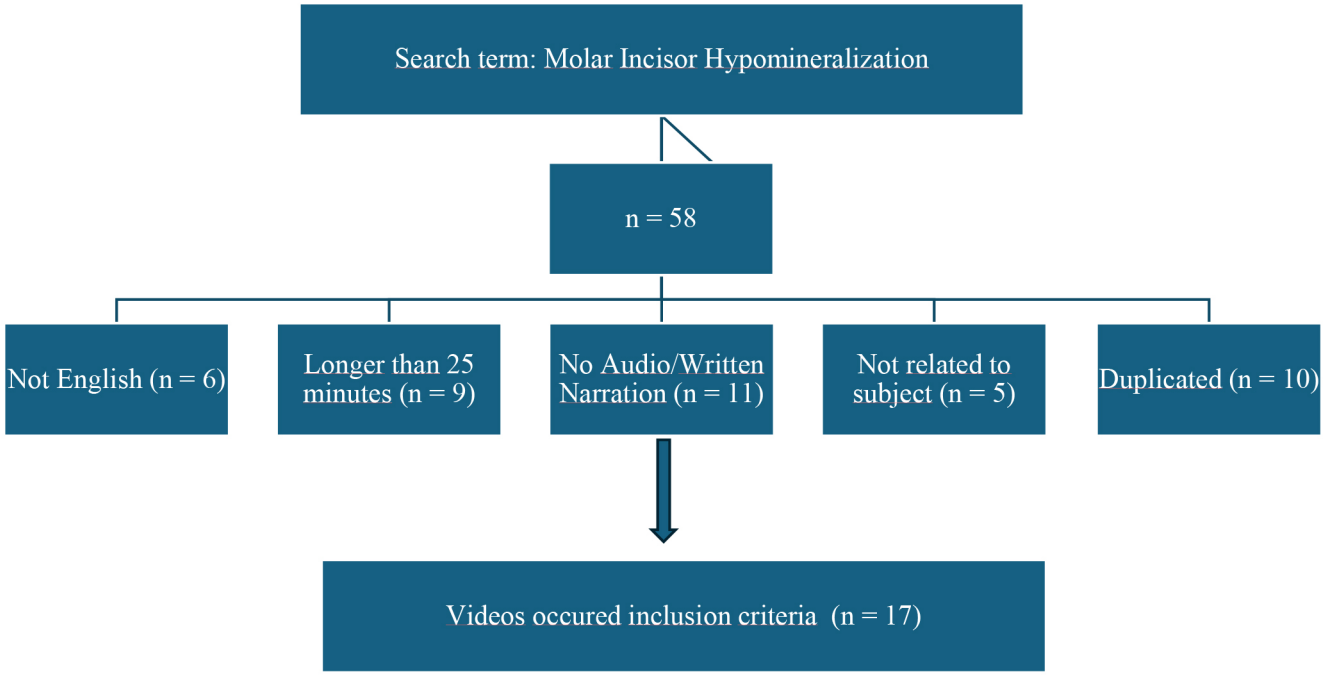

FIGURE 1. Videos selected according to inclusion criteria.

evaluation criteria were well understood and consistently applied. Assessment of videos were done independently by two calibrated reviewers (SA and AA) and the mean of score was gathered. Total Content Score, Video Information and Quality Index (VIQI), Journal of the American Medical Association Scale (JAMAS), Modified Global Quality Score (mGQS) were performed to evaluate the scientific quality of videos as described in the literature.

2.1 Total content score

The parameters prepared to measure the quality of YouTube videos about MIH were arranged according to the guidelines [2, 4, 13]. The parameters are shown in Table 1. The "total content score" of the videos is evaluated between 0–9, and those with scores between 0–4 are considered low content, and videos with scores between 5–9 are considered high content.

TABLE 1. Parameters for evaluating MIH videos content quality.

Description	Maximum Score
1. Definition of molar incisor hypomineralization	1
2. Etiology of molar incisor hypomineralization	1
3. Prevalence of molar incisor hypomineralization	1
4. Clinical features	1
5. Severity	1
6. Differential diagnosis	1
7. Prevention	1
8. Treatment options	1
9. Prognosis	1
Total content score	9

2.2 Video information and quality index (VIQI)

The Video Information and Quality Index (VIQI) was used to assess the overall quality of the video. A five-item Likert scale was used to grade the following four criteria: VIQI-1 flow of information; VIQI-2 information accuracy; VIQI-3 quality; and VIQI-4 amount of coherence between title and content [8].

2.3 Journal of the American medical association scale (JAMAS) score

The JAMAS benchmark criteria include four key components: (1) Authorship—clear identification of the creator or source of the content; (2) Attribution—proper referencing and citation of sources used; (3) Disclosure—transparency regarding any sponsorship, advertising, or potential conflicts of interest; and (4) Currency—indication of the date of content creation or last update. Each video was evaluated based on the presence or absence of these individual criteria, and a score between 0 and 4 was assigned accordingly. A total score of 4 indicates high source quality, whereas a score of 0 indicates low source quality [14].

2.4 Modified global quality score (mGQS)

The modified Global Quality Scale was also used to rate each video. The information flow and quality of the film were evaluated using a five-item Likert scale to determine its usefulness for patients [15].

Formulas listed below were used to calculate the like rate, viewing rate, and interaction index for each video based on the amount of likes, dislikes, total views, and upload times.

Like Rate (Eqn. 1):

$$\frac{Number\ of\ Likes}{Number\ of\ Likes + Dislikes} \times 100 \quad (1)$$

Viewing Rate (Eqn. 2):

$$\frac{Total\ Views}{Days\ after\ upload} \times 100 \quad (2)$$

Interaction Index (Eqn. 3):

$$\frac{Number\ of\ Likes - Number\ of\ Dislikes}{Total\ Views} \times 100 \quad (3)$$

2.5 Statistical analysis

All statistical analyses were performed by using IBM SPSS Statistics for Mac OS, Version 25.0, Released 2017 (IBM Corp., Armonk, NY, USA). Descriptive statistics were applied to figure out the minimum, maximum, percentages, averages, and total scores. The assumption of normal distribution was checked with the Shapiro-Wilk test. For the two group comparisons, the independent sample *t*-test was used. Spearman correlation was used to measure the relationship between continuous variables that were not suitable for normal distribution. p values < 0.05 were considered significant for all analyses.

3. Results

A total of 17 videos were evaluated in the study according to inclusion criteria. Average number of views for videos about molar incisor hypomineralization on YouTube™ were 1077.65 $\pm$ 1165.69. A mean of 16.24 (between 1–80) likes and 0.41 (between 0–5) dislikes were recorded in the audience relations. An average overall content score of 3.94 $\pm$ 2.65 out of 9 was found in the results. 64.7% (n = 11) of the videos had low content, while 35.3% (n = 6) of the videos had high content. Descriptives variables about molar incisor hypomineralization YouTube™ videos shown in Table 2.

The United States of America accounts for 29.4 percent of the total number of video uploaders. Among the videos examined, 94.1% were educational, while 5.9% talked about patient experiences. 13 (76.4%) of the videos about molar incisor hypomineralization were made by healthcare professionals; only 1 (5.8%) were made by news; and 3 (17.8%) were

TABLE 2. Descriptive data for MIH YouTube videos.

Variables	Minimum	Maximum	Mean	SD
Video characteristics				
Number of views	36	4193	1077.65	1165.69
Number of likes	1	80	16.24	20.24
Number of dislikes	0	5	0.41	1.27
Number of comments	0	8	1.29	2.20
Duration in minutes	0.24	19.47	5.64	6.30
Days since upload	70	2499	876.47	674.13
Interaction index	0.18	5.52	1.58	1.26
Viewing rate	15.80	844.20	190.31	232.96
Like rate	92.50	100.00	99.21	2.24
Total content score	1	9	3.94	2.65
Video Information and Quality Index (VIQI)				
VIQI-1	1	5	2.29	1.27
VIQI-2	2	5	3.40	1.12
VIQI-3	1	5	2.29	1.31
VIQI-4	1	5	3.59	0.87
Total VIQI Score	7	20	12.00	3.84
JAMA Score				
Authorship	0	1	0.94	0.42
Attribution	0	1	0.24	0.47
Validity	0	1	0.65	0.49
Explanation	0	1	0.06	0.24
Total JAMA score	0	4	1.88	0.85
mGQS	1	4	2.24	1.25

Abbreviations: VIQI, video information and quality index; JAMA, Journal of American Medical Association Scale; mGQS, modified global quality scale; SD, standard deviation.

made by commercial (Table 3).

Table 4 demonstrates that there were significant differences in content categories with when it comes to the number of likes, total VIQI score, authorship, validity and mGQS ($p < 0.05$). In terms of VIQI-1 ($p < 0.05$), VIQI-2 ($p < 0.05$), VIQI-3 ($p < 0.05$), and VIQI-4 ($p < 0.05$), there were statistically significant differences between the low-content and high-content video groups. After comparing the amount of likes on videos with high and low content, it was found that the videos with high content had considerably more likes ($p < 0.05$).

Correlation between high and low content quality score with various parameters were shown in Table 5.

4. Discussion

Across the world, MIH is one of the most common oral disease with high incidence. Early identification is crucial since as the condition becomes more severe, there are fewer treatment choices available and the prognosis is not good [2, 4]. Raising awareness will facilitate an earlier diagnosis and, consequently, a course of treatment, particularly among parents. Nowadays, many parents view the internet as their main information source and YouTube used for accounting the majority of these web searches. YouTube™ is a well-liked resource for knowledge about health-related topics as it can be accessed at any time and from any location. Researchers are use social media as a medium for transmitting health information [16]. Numerous studies assess the educational value of YouTube™ videos on dentistry and medical subjects. The validity of YouTube videos on early childhood caries [17], regenerative endodontics [12], teeth whitening [18], halitosis [19], cleft lip-palate [20], and orthodontic therapies [21], among other topics, has also been studied in the field of dentistry. There are no studies in the literature evaluating the content quality and reliability of videos about MIH. When search was done on YouTube for the phrase “molar incisor hypomineralization” turned up relatively few videos. After 58 YouTube videos about MIH were evaluated for our study, 41 (70.68%) of them were not included. One of the exclusion criteria was the length of the videos due to the fact that the viewers tend to lose interest in videos that are excessively prolonged in order to include more content. The research on the quality of pediatric zirconia crowns YouTube videos had an exclusion rate of 71% [11] and the research on children’s oral hygiene had a 70% exclusion rate [22], similar to our study. These high rates demonstrate that, even when using the right search phrases, patients, their families, and doctors have had difficulty on finding information due to relevant videos. The

TABLE 3. Characteristics of the low and high content videos' demographics.

Demographics	Low Content (n = 11)	High Content (n = 6)	Total n (%)
Origin Country			
Australia	2 (18.2)	1 (16.6)	3 (17.8)
Mexico	2 (18.2)	0 (0.0)	2 (11.8)
New Zealand	1 (9.0)	0 (0.0)	1 (5.8)
India	2 (18.2)	1 (16.6)	3 (17.8)
Switzerland	1 (9.1)	0 (0.0)	1 (5.8)
UK	0 (0.0)	1 (16.6)	1 (5.8)
UAE	0 (0.0)	1 (16.6)	1 (5.8)
USA	3 (27.3)	2 (33.4)	5 (29.4)
Total	11	6	17
Upload Source			
Healthcare professional	7 (63.6)	6 (100.0)	13 (76.4)
News	1 (9.0)	0 (0.0)	1 (5.8)
Companies/commercial	3 (27.4)	0 (0.0)	3 (17.8)
Video Type			
Educational	11 (100)	5 (83.4)	16 (94.1)
Patients experience	0 (0.0)	1 (16.6)	1 (5.9)

TABLE 4. Variable comparison of videos with high and low content.

	Low Content (n = 11)		High Content (n = 6)		
Variables	Mean	SD	Mean	SD	*p* value
Number of views	719.36	858.60	1734.50	1440.04	0.086
Number of likes	8.18	7.88	31.00	27.97	0.021*
Number of dislikes	0.18	0.60	0.83	2.04	0.331
Number of comments	1.64	2.65	0.67	0.81	0.403
Duration in minutes	3.60	5.46	9.38	6.45	0.069
Days since upload	994.64	772.09	659.83	417.45	0.344
Interaction index	1.41	1.52	1.90	0.53	0.464
Viewing rate	152.25	239.10	260.09	224.27	0.379
Like rate	99.31	2.26	99.01	2.40	0.801
VIQI-1	2.36	1.02	4.17	0.75	0.002*
VIQI-2	2.82	0.75	4.50	0.83	0.001*
VIQI-3	1.55	0.68	3.67	1.03	<0.001*
VIQI-4	3.27	0.64	4.17	0.98	0.038*
Total VIQI Score	9.73	2.00	16.17	2.63	<0.001*
Authorship	1.00	0.00	0.67	0.52	0.044*
Attribution	0.18	0.40	0.50	0.54	0.191
Validity	0.45	0.52	1.00	0.00	0.024*
Explanation	0.00	0.00	0.17	0.40	0.184
Total JAMAS score	1.64	0.80	2.33	0.81	0.111
mGQS	1.45	0.68	3.67	0.51	<0.001*

Abbreviations: VIQI, video information and quality index; JAMA, Journal of American Medical Association Scale; mGQS, modified global quality scale; SD, standard deviation.
**Statistically significant association ($p < 0.05$).*

TABLE 5. Correlation between content quality score with various parameters.

	Correlation Coefficient	*p* value
Number of views	0.378	0.067
Number of likes	0.530	0.014*
Number of dislikes	0.880	0.368
Number of comments	0.143	0.092
Duration in minutes	0.748	<0.001**
Days since upload	−0.180	0.244
Interaction index	0.544	0.012*
Viewing rate	0.378	0.067
Like rate	−0.024	0.463
VIQI-1	0.614	0.004**
VIQI-2	0.858	<0.001**
VIQI-3	0.651	0.002**
VIQI-4	0.636	0.003**
Total VIQI Score	0.862	<0.001**
Authorship	−0.358	0.079
Attribution	0.333	0.096
Validity	0.775	<0.001**
Explanation	0.335	0.094
Total JAMA score	0.591	0.006**
mGQS	0.943	<0.001*

Abbreviations: VIQI, video information and quality index; JAMA, Journal of American Medical Association Scale; mGQS, modified global quality scale.
***Correlation is significant at the 0.01 level.*
**Correlation is significant at the 0.005 level.*

results for content score of videos about MIH was founded 3.94 ± 2.65 out of 9, as mark of the poor quality of the content while they have less likes. Contrary to the results of this study showing that the number of likes decreases as content quality improves [19]. In support of our study results, there are studies showing that the number of likes increases as the quality increases [20]. Although high view counts and likes may indicate popularity or accessibility, they do not necessarily correlate with the scientific accuracy or reliability of the content. In contrast, videos with high-quality information may not always attract equivalent public engagement, suggesting a disconnect between visibility and educational value. Therefore, viewer metrics should be interpreted with caution when assessing the credibility of online health information.

In the study evaluating YouTube videos on pediatric dental trauma, 94.4% of the videos were educational [7], while the rate was 94.1% in this study. Similar to our investigation, the study assessing the quality of YouTube videos concerning removable orthodontic equipment found that high content videos had VIQI-2 and VIQI-4 values that were significantly greater than those of low content [9]. In contrast to our investigation, a study assessing the validity of YouTube videos about lingual orthodontic procedures found that there was no statistically significant difference in VIQI values between videos with high and low content [23]. The JAMA values for endodontic treatments were 2.76 ± 0.74 and root canal treatments were 2.54 ± 0.81 in a research examining YouTube videos [24], however they were much lower in our study at 1.88 ± 0.85. The average value obtained from mGQS evaluation of YouTube videos that provide information on oral self-examination as a means of detecting oral malignancies was 3.71 ± 1.30 [25], a much higher value than that found in our study (2.24 ± 1.25). Indexes including JAMA, VIQI, and mGQS were used in the study for quantitative assessments. It was shown that the values from these indexes were statistically substantially lesser in low-content than in high-content videos ($p = 0.006$, $p < 0.001$ and $p < 0.001$). The research findings indicate that there are very few YouTube videos on MIH, and the ones that do exist are of notably poor quality in terms of content. As in every study, there are some limitations in this study and one of them is data was collected within a single day, offering only a snapshot of the available information at that particular moment. Given the dynamic nature of open-source platforms such as YouTube, where videos are constantly uploaded, modified, or removed, it's important to acknowledge these constraints. However, despite these limitations, we believe that our findings provide a reasonable depiction of the quality of information accessible on YouTube. With the whole limitations of research findings and the prevailing literature on internet information quality, we suggest that na-

tional professional governing bodies contemplate creating and disseminating informative videos on diverse topics.

5. Conclusions

There is a growing demand for accurate and accessible information about many health-related conditions. MIH is a public oral health problem and still not known clearly. Families trying to be more aware of this disease use social platforms for quick response without knowing if its reliable. Although the literature has many papers about other dentistry subjects on YouTube videos, there is no data about MIH related YouTube videos.

The overall standard of the information about molar incisor hypomineralization on YouTube is low; quality is lower than the quantity. While it's a huge dental problem in childhood after dental caries and still not known enough, it must be a mission of professional associations and healthcare providers to direct patients toward more reliable information sources and teach them how to identify high-quality information. Using the power of visual media to create high quality, informative videos on the symptoms, diagnostic process and management strategies of this disease can play a significant role in improving the quality of life for both patients and their families. Such content can help reach a wider audience and strengthen public awareness by translating complex medical information into an understandable format. Such quality videos provide a roadmap by explaining preventive practices, home care rutines, *etc.* and can reduce parents' panic. This kind of public health strategy can educate parents, promote early diagnosis, manage anxiety and ultimately protect the long-term oral health of children affected by MIH.

Academic institutions and pediatric dentists should be aware of the information on the internet and have responsibility for improving the content of YouTube about MIH by creating useful educational videos, and guiding patients to reliable information sources to obtain accurate information.

ABBREVIATIONS

MIH, Molar Incisor Hypomineralization; VIQI, video information and quality index; JAMA, Journal of American Medical Association Scale; mGQS, modified global quality scale; SD, standard deviation.

AVAILABILITY OF DATA AND MATERIALS

Data that support the findings of this study are available from the corresponding author Dr. Sibel Acar, upon reasonable request.

AUTHOR CONTRIBUTIONS

SA and AA—conceived the idea, collected and analyzed the data, led the writing and revised the manuscript and gave final approval of the version to be published and agreed to be accountable for all aspects of the study.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Not applicable.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

REFERENCES

[1] Weerheijm KL. Molar incisor hypomineralization (MIH): clinical presentation, aetiology and management. Dental Update. 2004; 31: 9–12.

[2] Schwendicke F, Elhennawy K, Reda S, Bekes K, Manton DJ, Krois J. Global burden of molar incisor hypomineralization. Journal of Dentistry. 2018; 68: 10–18.

[3] Elhennawy K, Manton DJ, Crombie F, Zaslansky P, Radlanski RJ, Jost-Brinkmann PG, *et al*. Structural, mechanical and chemical evaluation of molar-incisor hypomineralization-affected enamel: a systematic review. Archives of Oral Biology. 2017; 83: 272–281.

[4] Lygidakis NA, Wong F, Jälevik B, Vierrou AM, Alaluusua S, Espelid I. Best clinical practice guidance for clinicians dealing with children presenting with molar-incisor-hypomineralisation (MIH): an EAPD policy document. European Archives of Paediatric Dentistry. 2010; 11: 75–81.

[5] Knösel M, Jung K, Bleckmann A. YouTube, dentistry, and dental education. Journal of Dental Education. 2011; 75: 1558–1568.

[6] Bird CE, Kozin ED, Connors S, LoBue C, Abdullah K. A quantitative analysis of social media to determine trends in brain tumor care and treatment. Cureus. 2020; 12: e11530.

[7] Tozar KN, Yapıcı Yavuz G. Reliability of information on YouTube™ regarding pediatric dental trauma. Dental Traumatology. 2021; 37: 772–778.

[8] Sahin SC, Dere KA. Quality of information in—masseter botox—videos on YouTube: is it a sufficient guide for potential patients? Journal of Stomatology. 2020; 73: 313–325.

[9] Aydın MN, Yılmaz H. Youtube™ video content analysis on removable orthodontic appliance. Yeditepe Dental Journal. 2020; 16: 220–225.

[10] Maganur PC, Hakami Z, Raghunath RG, Vundavalli S, Jeevanandan G, Almugla YM, *et al*. Reliability of educational content videos in YouTube™ about stainless steel crowns. Children. 2022; 9: 571.

[11] Monteiro CMG, Silva KS, Tavares FOM, Dias MO, Maia LC, Pithon MM. Assessment of the reliability of YouTube™ videos about zirconia crowns in pediatric dentistry. European Archives of Paediatric Dentistry. 2023; 24: 585–590.

[12] Kaval ME, Kandemir Demirci G, Atesci AA, Sarsar F, Dindaroğlu F, Güneri P, *et al*. YouTube™ as an information source for regenerative endodontic treatment procedures: quality and content analysis. International Journal of Medical Informatics. 2022; 161: 104732.

[13] Bandeira Lopes L, Machado V, Botelho J, Haubek D. Molar-incisor hypomineralization: an umbrella review. Acta Odontologica Scandinavica. 2021; 79: 359–369.

[14] Silberg WM, Lundberg GD, Musacchio RA. Assessing, controlling, and assuring the quality of medical information on the internet: caveant lector et viewor—let the reader and viewer beware. JAMA. 1997; 277: 1244–1245.

[15] Cesur Aydin K, Gunec HG. Quality of information on YouTube about

artificial intelligence in dental radiology. Journal of Dental Education. 2020; 84: 1166–1172.
[16] Madathil KC, Rivera-Rodriguez AJ, Greenstein JS, Gramopadhye AK. Healthcare information on YouTube: a systematic review. Health Informatics Journal. 2015; 21: 173–194.
[17] Aguirre PEA, Anibal I, Lotto M, Strieder AP, Cruvinel T. Decoding early childhood caries: an in-depth analysis of YouTube videos for effective parental education. European Archives of Paediatric Dentistry. 2023; 24: 701–709.
[18] Simsek H, Buyuk SK, Cetinkaya E, Tural M, Koseoglu MS. "How I whiten my teeth": YouTube™ as a patient information resource for teeth whitening. BMC Oral Health. 2020; 20: 183.
[19] Ramadhani A, Zettira Z, Rachmawati YL, Hariyani N, Maharani DA. Quality and reliability of halitosis videos on YouTube as a source of information. Dentistry Journal. 2021; 9: 120.
[20] Korkmaz YN, Buyuk SK. YouTube as a patient-information source for cleft lip and palate. The Cleft Palate Craniofacial Journal. 2020; 57: 327–332.
[21] Meade MJ, Sooriakumaran P, Dreyer CW. Orthodontic retention and retainers: quality of information provided by dental professionals on YouTube. American Journal of Orthodontics and Dentofacial Orthopedics. 2020; 158: 229–236.
[22] Duman C. YouTube™ quality as a source for parent education about the oral hygiene of children. International Journal of Dental Hygiene. 2020; 18: 261–267.
[23] Lena Y, Dindaroğlu F. Lingual orthodontic treatment: a YouTube™ video analysis. The Angle Orthodontist. 2018; 88: 208–214.
[24] Jung MJ, Seo MS. Assessment of reliability and information quality of YouTube videos about root canal treatment after 2016. BMC Oral Health. 2022; 22: 494.
[25] Gulve ND, Tripathi PR, Dahivelkar SD, Gulve MN, Gulve RN, Kolhe SJ. Evaluation of YouTube videos as a source of information about oral self-examination to detect oral cancer and precancerous lesions. Journal of International Society of Preventive and Community Dentistry. 2022; 12: 226–234.

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