Staphlycoccous aureus was present in large numbers. The patient was prescribed Nystaform® cream and oral flucloxacillin which has improved the appearance of the upper lips. The patient has been referred for patch testing, and also to gastroenterology for investigation.

Discussion: Staphylococcal mucositis has been reported previously in a series of patients with OFG. This case demonstrates an unusual presentation of *Staphylococcus aureus* infection, previously unreported, in a child with OFG.

C5

Oral submucous fibrosis in paediatric patients

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Presenting complaint: This case report relates to two paediatric patients, aged 11 and 13 years, referred to the Birmingham Dental Hospital with limited oral opening. In both instances, this limitation of opening was of unknown duration but thought to be progressive in nature by the referring agent.

Clinical management: On examination, the inter-incisal opening was found to be approximately 15–20 mm. On questioning, a betel chewing habit was identified in both patients. The mucosa was found to be pale and taut in nature. Both patients and parents were counselled on the adverse effects of betel chewing and the possibility of tissue changes as a result. Symptomatic relief was provided with benzydamine hydrochloride and biopsies of the affected sites were carried out. A histological diagnosis of oral submucous fibrosis was made in both instances.

Discussion: Oral submucous fibrosis is recognized as a pre-malignant condition. It is thought to be associated with an epithelial inflammatory reaction and subsequent fibro-epithelial change. This can lead to epithelial atrophy and later mucosal stiffening. The occurrence of oral submucous fibrosis in younger patients is extremely uncommon. This case report highlights the importance of investigating the social history of presenting patients and the need to improve patient and parent education in relation to the habit of betel nut chewing.

C6

A case of facial cellulitis associated with a supplemental tooth

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Presenting problem: An 8-year-old boy presented with a facial cellulitis. This appeared to be associated with the right maxillary lateral incisor.

Clinical management: There was no history of dental trauma. It was reported that a primary supplemental tooth had been present in the right premaxilla. On examination the right maxillary lateral incisor had a deep palatal pit and was grade 3 mobile. There was evidence of a tooth erupting palatal to this tooth. The radiographic examination suggested the right lateral incisor tooth was supplemental, invaginated and had an apical radiolucent area. The acute infection was managed by extirpating the pulp and dressing the supplemental tooth with non-setting calcium hydroxide. It was later removed under inhalation sedation and local anaesthetic. The ectopic tooth was monitored and subsequently erupted palatally. This may require orthodontic interception in the future for the correction of a crossbite.

Discussion: The prevalence of supernumerary teeth in the permanent dentition has been reported as 0.1–3.8%. They are less frequently seen in the primary dentition. However, it is not uncommon for a child to present with dental anomalies in both dentitions. In this case study, the subject had a supplemental lateral incisor in both the primary and permanent dentition. The permanent supplemental tooth was invaginated, confirmed by histological examination. The cellulitis was therefore caused by the invaginated odontome.

C7

Management of hypodontia and caries in a dry mouth

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Presenting problem: A fit and well 14-year-old girl was referred by a Consultant Orthodontist for management of her hypodontia. The patient's complaint was of difficulty chewing and poor dental appearance. Previous dental treatment comprised fissure sealants on first permanent molars and anterior restorations. A bilateral posterior open bite was present with a class three incisor relationship on a skeletal base III. Soft tissue examination revealed a dry mouth with a sinus associated with 53.There was severe hypodontia with retained 53, 55, 63, and 65. Caries was present in 11, 12, 16, 21, 22, 26, 36, 46, 53, 63, and 65.

Clinical management: A rigorous preventive programme was implemented together with investigation of the cause of the xerostomia. Fissure sealants were placed on all non-carious molars and premolars. Carious teeth were restored with composite, amalgam and preformed metal crowns all under local anaesthesia. The pulp of non-vital 53 was extirpated and calcium hydroxide was placed to the extent of the root canal.

Discussion: Diagnosis of the xerostomia was an important clinical finding, which had major implications for this patient with hypodontia. A combined team approach will be used to correct her malocclusion and provide a long-term stable dentition.