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Oral Session O05 – Special Needs Patients 1

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Oral Session O05/Special Needs Patients 1

O05–32

Dental implant in cleft palate gap

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Introduction: Based on statistical data, the mean incidence of all types of cleft defects in the orofacial area is 1.86 per 1000 live-born children. Because of the low birth-rate in recent years the number of affected children with an orofacial cleft fell below 100. Males are affected almost twice as often as females. Due to the extent of affliction, interdisciplinary co-operation is necessary and usually complicated and long-term therapy, which is needed especially for gradual growth of the jaw bones, is necessary. Therefore, the final solution has to be postponed until when the arches are not in a growth period. A cleft defect often means that some teeth are missing (lateral incisors, more often premolars).
Clinical Management: A 19 year old woman with cheilognatopalathoschisis with agenesis of tooth 22 due to a cleft palate was recommended to our department. The decision was made to use a dental implant in the cleft gap. Guided bone regeneration was chosen as the method using nonresorbal titanium reinforced membrane and free connective tissue graft taken from a palate. After 1 year the nonresorbal membrane was taken out and at the same time an implant placement was performed. After an additional 6 months, we installed the healing abutment and then prosthetically treated the patient.
Conclusion: Early conventional prosthetic therapy often leads to early loss of teeth and in extreme cases to complete loss of dentition. Using dental implants we save dental hard tissue.

O05–33

Using a storybook to prepare autistic children for a dental examination

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Introduction: Autism is a severe psychiatric disorder. It is characterised by: difficulties in communication; difficulty forming relationships and restricted, repetitive behaviour. Treatment in a dental setting can be difficult as a result of complex behavioural problems and at home when parents try to carry out simple oral hygiene procedures. It is essential that regular dental examinations are carried out alongside appropriate prevention techniques.
Materials and methods: A storybook was designed to prepare autistic children for their first visit to the dentist. This booklet incorporates photographs and boardmaker cards in sequence with the order of events from entering the hospital through to the dental examination. The booklet was given to the parents of 21 autistic children, to work with in the weeks leading up to their first dental check-up. At the dental appointment the parents answered a questionnaire assessing the usefulness of the booklet and how it affected co-operation. Each child was assessed by the dentist examining the patient and a second observer.
Results: All parents used the storybook in preparation for the dental check-up. 79% of parents found their child coped better at the dentist as a result of the booklet and 85% would like to receive booklets for other procedures. The dentists found that 86% of children allowed an examination using either a mirror or a toothbrush.
Conclusions: This study shows that a picture booklet can be useful to help autistic children cope with visits to the dentist. Future booklets may be considered to assist with other dental procedures.

O05–34

A field day for the mentally challenged child

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Introduction: We all know how difficult it is to treat the mentally disabled child. This study aims to show a DVD presentation of a field clinic with the collective participation of all those involved.
Patients and methods: 3976 mentally disabled children have been treated in field clinics all around Turkey by dentists and interns. 86 centres have been visited, travelling over 47790 km with 581 intern students on the weekends.
Results: There were 2762 treatments performed on 2425 boys (61%) and 1551 girls (39%).The field treatments performed are; Extraction: 1389 (50, 29%), restorations: 988 (35, 77%), periodontological treatments: 385(13, 94%). 3400 of 3976 children (85, 51%) were given oral and dental health motivation with plaque staining. 391 of our children (9, 83%) were diagnosed with general anesthesia indications.
Conclusion: A field day for the mentally challenged child is when he/she is treated in a familiar environment by familiar faces. Field dental treatment is one of the best ways to decrease general anesthesia indications and to overcome trust issues.

O05–35

Dental care for patients who are unable to open their mouths

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Introduction: There are a variety of diseases and conditions that prevent the sufferer from opening their mouth to eat, brush teeth, have dental care or to even throw up. These same people are in danger of starvation, malnutrition, abscessed teeth and chronic periodontal disease. Treatment issues include inadequate access to the oral cavity, inability to provide local anesthesia, inadequate access for dental care and oral surgery. General anesthesia is difficult to perform as well due the limited oral access for traditional endotracheal intubation. This abstract is a review of 32 consecutively treated surgical cases by the authors at a single institution, Thomas Jefferson University Hospital. It also contains additional information about eight additional cases treated at other hospitals by one of the authors.
Clinical Management: Presenting several cases the disease entities, the dental and surgical techniques for treatment and prevention of caries will be discussed. The anesthetic technique for dental and any type of surgical care is 'awake fiberoptic nasal intubation'.

Dental restorations are accomplished by a buccal approach or a direct occlusal approach. Oral Surgery is also accomplished by a buccal approach. Prevention is an integral part of care that includes topical fluorides and application of chlorhexidine. The entities are Rheumatoid Arthritis, Pemphigus Vulgaris, Moebius Syndrome, Fibrodysplasia Ossificans Progressiva, Hecht Beals Syndrome and congential absence of the temperomandibular joint.
Conclusions: This abstract additionally reviews findings of 250 affected persons examined at different venues.

O05–36

Oral use of atropine eye drops in children with excessive drooling

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Introduction: Drooling can be a severe disability with psycho-social and physical consequences. The most common treatment modalities are orofacial regulation therapy, drug therapy, and surgery. The aim of this study was to analyze if oral use of atropine eye drops is a safe, efficient, and practical treatment option in control of drooling.
Patients and methods: Fifteen children 5–18 years of age with different diagnoses but with excessive drooling problems were included in the study group after written informed consent. They served as their own controls. The study period started with 3 weeks of no treatment followed by 4 weeks of sublingual administration of one atropine eye drop once a day and finally 4 weeks of one drop twice a day. Visits were scheduled at the clinic at baseline, after 7 weeks and after 11 weeks where unstimulated whole saliva was measured and the parents rated their child's drooling on a visual analogue scale (VAS). Weekly estimations of drooling were made at home by the parents. The study was approved by the Swedish Medical Products Agency and an ethics committee.
Results: Ten children completed the study. The majority reported improvement when using atropine. Salivary secretion rates decreased. No severe adverse reactions were noted. Many parents experienced difficulties in administration of the atropine concerning both the amount and sublingual placement.
Conclusion: Atropine eye drops intra-orally decreases drooling but further studies are needed to evaluate the effects of long-term use.
This study was supported by the Medical Research Council of Southeast Sweden.

O05–37

Threaded acrylic cone to improve microstomia in severe recessive dystrophic Epidermolysis Bullosa

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Introduction: Epidermolysis bullosa (EB) comprises a group of genodermatoses characterized by mucocutaneous fragility. Patients with the severe recessive dystrophic type of EB (RDEB) present with severe oral mucosal involvement, including bullae, ulcers, microstomia, ankyloglossia, and extensive caries. Dental treatment can be compromised by limited oral access, potential blistering, and pain of the oral soft tissues. There remain no effective methods to lessen the limited mouth opening of affected individuals. We report the use of a threaded acrylic cone as a tool for mouth opening exercises. The outcomes were assessed in a quantitative and qualitative manner.
Clinical Management: Two patients with severe RDEB (aged between 8 and 14 years) performed 10 oral stretches with a threaded acrylic cone for 30 seconds once a day. After 12 weeks the maximal mouth opening of one patient increased from 7.66 to 12.50 mm (63% improvement). The opening of the second patient increased from 11.81 to 14.25 mm (20% improvement). The enhanced mouth opening has improved oral hygiene regimes and facilitated the oral administration of drugs. Both patients continue the exercises, and the clinical protocol is being extended to other individuals with this type of EB.
Conclusion: Exercises with a simple threaded acrylic cone enhanced the mouth opening and oral function of two patients with EB. In addition this non-complex therapy may aid dental treatment and oral examination of affected patients. Further study is warranted to determine the precise benefits of this simple treatment in the management of patients with EB.

O05–38

Development of clinical care pathway for looked after children in East Kent

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Introduction: 'Looked after Children' (LAC) refers to children who are in the care of local authorities, the majority of whom have suffered abuse or neglect. LAC is amongst the most socially excluded of groups, experiencing significant health inequalities. Legislation exists which requires LAC to have a health assessment including a dental assessment. Historically, assessments have had large regional and national variations. In July 2007 there was 1338 LAC in Kent, including 167 unaccompanied children seeking asylum. Dental caries, and the morbidity associated with it, has a serious effect on the general health, well being and quality of life.
Clinical Management: Examination of existing practices of LAC, via personal and interdisciplinary meetings, revealed the lack of a dental input by a specialist paediatric dentist in health assessments and highlighted numerous barriers to their care. The existing practices and mindsets needed to be changed to enable a multidisciplinary initial health assessment, which included dental assessment by a paediatric dental specialist. These obstacles were overcome through numerous interdisciplinary meetings, informative presentations on the need for dental input as well as the development of a protocol highlighting the need for specialist dental input. This resulted in a change in local policy and establishment of a clear referral and dental care pathway.
Conclusion: A multidisciplinary care pathway which has a clear paediatric dental involvement will help in the care and management of a vulnerable and mobile group of children such as LAC.

O05–39

The dental management of child patients with haemophilia – prospective study

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Introduction: Blood is in a dynamic equilibrium between fluidity and coagulation, but the haemostatic mechanism is more complex than just alterations in this equilibrium. Haemophilia A is an X-linked, recessively inherited condition caused by factor VIII deficiency. Haemophilia B has factor IX deficiency. The aim of

study is to evaluate dental treatment namely extraction in a form of 7 year prospective study.

Materials and methods: The aim of observation is to simplify the process and identify what can be safely carried out on a 'shared care' basis in Paediatric Dental Clinic in cooperation with Department of Haematology. For this study 18 men were volunteered, and 52 teeth were extracted. The whole experiment was accomplished in agreement with the Helsinki Declaration. Based on ADA recommendation a special card was prepared containing relevant information on the patients. Baseline examination followed 1 week after therapy.

Results: 16 patients were given substitution before the operation, 2 patients with extraction of one tooth prior to the elimination were not given substitution (antifibrinolytic treatment was sufficient). The patients were treated under general anesthesia. Sixteen patients were given antifibrinolytic treatment, and in 2 patients it was contraindicated due to hematuria. Fibrinous glue Tissucol and cover plate were used during therapy. Statistical evaluation (Student t-test) and standard deviation were prepared.

Conclusion: The 7 year prospective study confirmed that patients with haemophilia need to have access to safe and effective treatment at optimum levels. Preventive dental care reduces the amount of long-term support needed from healthcare provider resources.