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Case Report

Differently Abled- Oral Manifestations- Report and Review

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Abstract

Mental retardation is the most common form of developmental disability. It is a neuronal developmental disorder. This group of population also suffer from other disabilities such as cerebral palsy, seizure, attention disorders, hyperactivity, communication inability, difficulty in mastication and deglutition. Oral hygiene of the mentally compromised population is poor, and thus, they are prone to various oral diseases and anomalies, which require diagnosis and treatment. So this article elicits the oral manifestations of mentally challenged individuals with an idea of improving their oral hygiene status.

Keywords: Oral manifestations; Oral hygiene; Oral prophylaxis

Introduction

Before 1981, rate of mental retardation in India was not statistically assessed. However, in year of 1981, survey was conducted which reported that approximately one third of the population were children [1]. Most of the children suffering with mental retardation are unable to perform self oral hygiene measures so they require continuous monitoring and special preventive strategies. Moreover, good oral hygiene condition is necessary for function of speech, swallowing and social acceptance. Although they require utmost dental care possible, there is a lacuna either due to limited training experience or due to lack of financial reimbursement [2]. Thus, oral conditions affecting the population are of fundamental importance to dentist to plan for effective oral treatment.

Case Presentation

A group of 20 mentally disabled patients of age group 9-18 years came to the dental OPD as a part of preventive program. Examination of each patient was carried out on dental chair and any abnormalities noticed were recorded. All the examination was done under special care and under the supervision of parent/ guardian/teacher.

Out of the 20 mentally disabled children, most of them had convex profile (Figure 1A). Intraoral examination revealed constricted maxillary arch and high arched palate (Figure 1B). Hard tissue manifestations which were noted were dental caries (Figure 1C), microdontia, missing anterior teeth (Figure 1D) and crowding with anterior cross bite (Figure 1B, E and F). Soft tissue manifestations were macroglossia (Figure 1G) and fissured tongue (Figure 1H). Gingival was soft and edematous with local deposits and mild bleeding on probing.

Treatment was carried out under special care which included oral prophylaxis and minor restorations.

Discussion

Mentally challenged condition is one among the main causes of dependency and deprivation in most developing countries. Overall prevalence of mentally challenged persons ranges from 9 to 19%.

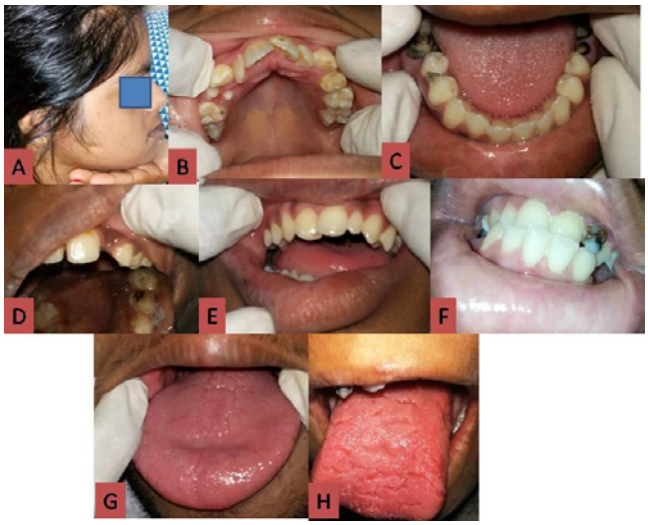

Figure 1: A- Convex profile, B- Constricted maxillary arch with high arched palate and crowding, C- Dental caries, D- Missing anterior teeth, E- Crowding, F- Anterior cross bite, G- Macroglossia, H- Fissured tongue.

They are more or less excluded from the normal life of the community as a result of physical, social or psychological barriers erected, or at least accepted, by society. Because of inadequate services and low nutritional status, survival is hard [3].

Characteristic features exhibited by mentally challenged are elicited. (Table 1) [3-5] Out of which, few of the features are present in our cases.

The dentist must have an interdisciplinary approach to be scientifically based, technically competent and be socially integrated in order to provide the best care possible, and promote the inclusion of individuals with special needs to health services. They should be treated with all resources provided by modern Dentistry, ranging from a simple tooth extraction to the most audacious rehabilitating procedures, re-establishing the oral function and aesthetics of individuals, regardless of their physical or neurological condition [6].

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Table 1: Characteristic features exhibited by mentally challenged are elicited.

Extraoral Features
· Hypertelorism
· Flat nasal bridge
· Mouth breathing
· Drooling saliva
· Microcephaly
· Small ears
Intraoral Features
· Macroglossia
· Fissured tongue
· Marginal gingivivtis
· V shaped palate with high arch
· Microdontia
· Fractured maxillary anterors
· Dental caries
· Crowding
· Anterior open bite
· Anterior posterior cross bite
· Constricted maxillary arch
· Supernumerary teeth
· Missing teeth
· Proclined maxillary anteriors
· Bruxism
· Tongue thrust
Other Disorders
· Epilepsy
· Cardiac defects
· Atlantoaxial instability
· Hearing loss

Along with the dentist, special strategies should be adopted by the parent/caregiver who can have significant impact not only on oral health but also on quality of life (Table 2) [6,7].

Conclusion

Making a difference in the oral health of a person with intellectual disability may go slowly at first, but determination can bring positive results and invaluable rewards. The dentists play critical role in providing proper dental education to parents of individuals with disabilities. Taking into consideration the multi factorial influence on oral health status of the disabled population, oral health promotion and intervention programs should be targeted and concentrated towards these risk groups.

Table 2: Parent/Caregiver who can have significant impact not only on oral health but also on quality of life.

Parents /Caregiver Support and Anticpatory Guidance
· Preventive measures- topical fluorides and sealents
· Discourage cariogenic foods and beverages
· Sugar free medication
· Fluoridated tooth paste
· Mouth guards to prevent orofacial trauma
· Frequent intake of water for patients taking xerostomic medications

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