PIERRE ROBIN SEQUENCE (PRS): DESCRIPTION OF A CLINICAL CASE

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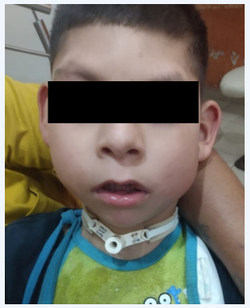
INTRODUCTION

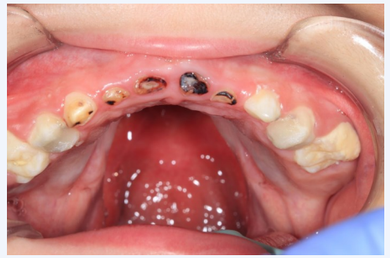
Pierre Robin sequence is a pathology classified within craniofacial bone anomalies, characterized by the triad: micrognathia, glossoptosis, and cleft palate. The etiological theory suggests that during embryonic development, the mandible lacks growth, causing the tongue to remain in a nearly vertical position, preventing the closure of the palatal processes and the development of the genioglossus muscle (7th-9th week of intrauterine life). It is termed a sequence because a single alteration in mandibular development results in various anatomical malformations

CASE REPORT

A 7-year-old male referred to the Pediatric Dentistry Specialty Clinic at the University of Guadalajara by the Civil Hospital "Juan I Menchaca," presented with tracheotomy (Image 1), micrognathia, cleft palate (Image 2), gingivitis associated with dental plaque, tartar accumulation, defective dental fillings, and multiple carious lesions.(Image 3) upon clinical examination.



(Image 1)



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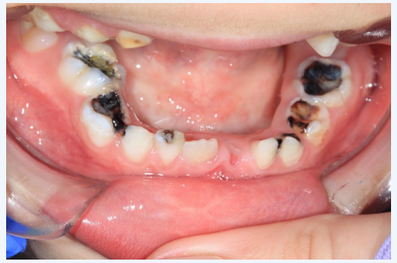
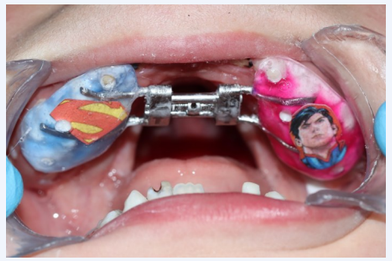


(Image 3)



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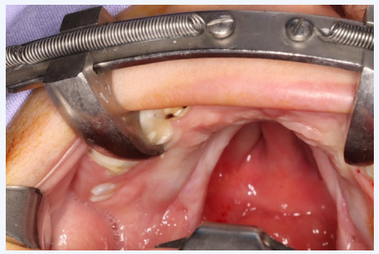

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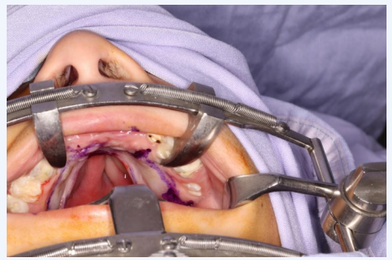
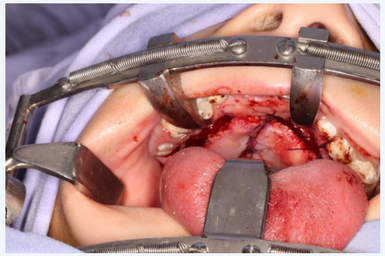


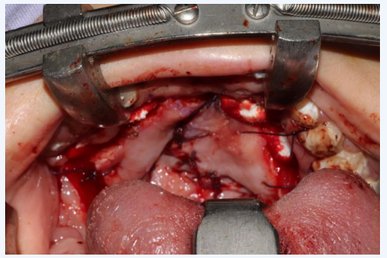
(Image 6)

TREATMENT

"Prophylaxis and fluoride application are carried out, and dental rehabilitation begins, as well as hygiene advice for the mother. An open 9.5mm McNamara plate is made (Image 4), indicating activations of 1/4 turn per day, closing the screw to bring the palatal processes closer together, with regular reviews every month. The process was inconsistent on the part of the mother, resulting in a 7mm closure, which allowed the maxillofacial surgery service to work with this approximation for the closure of the fissure. (Image 5-8)



(Image 7)



(Image 8)

CONCLUSION

Rehabilitation and orthopedic treatment in patients with these alterations are vital for proper surgical intervention. Additionally, interdisciplinary collaboration is crucial for a higher success rate and timely interventions in each area.