TREATMENT OF A PEDIATRIC PATIENT WITH NON-SYNDROMIC OLIGODONTIA: CASE REPORT

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INTRODUCTION

Dental agenesis is one of the most common anomalies in the development of the human dentition. It is defined as the clinical and radiological absence of a temporary or permanent dental organ in the oral cavity, without a history of extraction, avulsion or exfoliation. It can occur as part of a syndrome or in a non-syndromic manner.[1] When the absence of six or more dental organs occurs, it is known as oligodontia.[2] Prevalence studies show that the frequency of appearance in primary teeth is 0. 5-2.4%, while for permanent ones it is 2.6-11.3%.[3].

CASE PRESENTATION

Four years old male patient came to the Pediatric Dentistry Specialty for consultation. The mother reported several absences of teeth. Clinical and radiographically the absence of dental organs: 5.2, 6.1, 6.2, 7.1, 7.2, 8.1 and 8.2 was observed. In conjunction with the Department of Genetics and Pathology of CUCS (Centro Universitario de Ciencias de la Salud), a general evaluation was carried out to reach the diagnosis of non-syndromic Oligodontia, therefore, it was decided to place removable partial prostheses with screws for prosthetic and orthopedic support.

Image 1. Orthopantomography

Image 2. Front face photography

Image 3. Initial photographs oclussal view.

Image 4. Front and oclussal view of first prostheses.

After two months of follow-up, the patient began to have difficulties in adapting the prosthetic elements given his lack of neuromuscular memory, subsequently presenting a favorable evolution in adapting them.

At ten months of follow-up it was not possible to continue making adjustments to the prosthetic elements due to the eruption of dental organs 55 and 85, new prostheses were made to continue the treatment. Two months later, both prostheses were adjusted due to retention difficulties, so it was decided to add dental adhesive paste for better retention, to which the patient presented a favorable response.

Image 5. Follow up photographs oclussal view.

Image 6. Front and oclussal view of second prostheses.

CONCLUSION

Oral rehabilitation involves a number of challenges that are further complicated by the child's growth and development, variation in tooth development and eruption. The type of prosthesis appropriate for your age and treatment planning should be carried out at the earliest possible age. Multidisciplinary care is suggested due to the great impact caused by these anomalies.

REFERENCES

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