Orofacial function of persons having Anonymous

Report from observation charts

The survey comprises 28 observation charts.

Estimated occurrence: Unknown, but a rough estimate is 3 per 10,000 children and adolescents.

Aetiology: Unknown by definition.

General symptoms: The term ”Anonymous” was introduced by Professor Bengt Hagberg, and is used in cases of severe brain disease when no diagnosis can be established even after extensive investigation. Anonymous can be divided into two main groups: degenerative brain diseases and non-degenerative (stationary) congenital, severe disturbance in brain development. Varying degrees of mental retardation, impaired motor function and visual impairment are common, as is epilepsy.

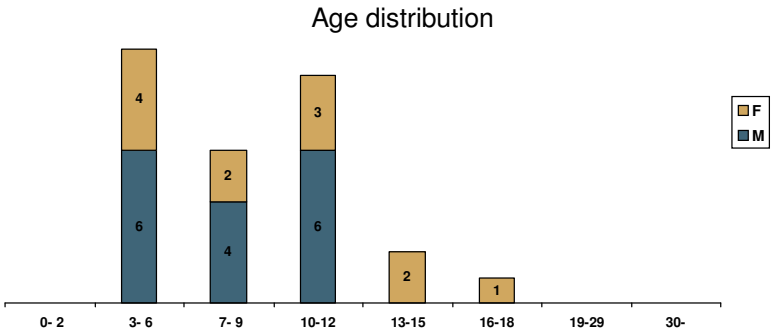
Orofacial/odontological symptoms: Impaired oral motor skills are frequent, and may give rise to sucking, eating and speech difficulties, malocclusion and drooling. Daytime tooth grinding is reported relatively often. The most common malocclusions are open bite and overjet. The risks of both gingivitis and caries are increased.

Orofacial/odontological treatment:

- Problems in managing oral hygiene and tooth brushing, and eating difficulties justify extra preventive dental care.
- Eating and swallowing problems will need to be investigated and treated by hospital specialist teams (either a nutrition team or a dysphagia team, or by other multidisciplinary treatment specialists.)
- Training in oral motor skills and extra stimulation may be necessary in cases of eating difficulties, speech difficulties and drooling.
- Learning alternative and augmentative ways to communicate is often important.
- Tooth grinding should be followed up, and be managed with a splint when necessary.
- An orthodontist should be consulted when the child is between the ages of 7 and 9 in order to determine whether there are any dental or bite anomalies and whether corrective treatment is necessary.

Sources:

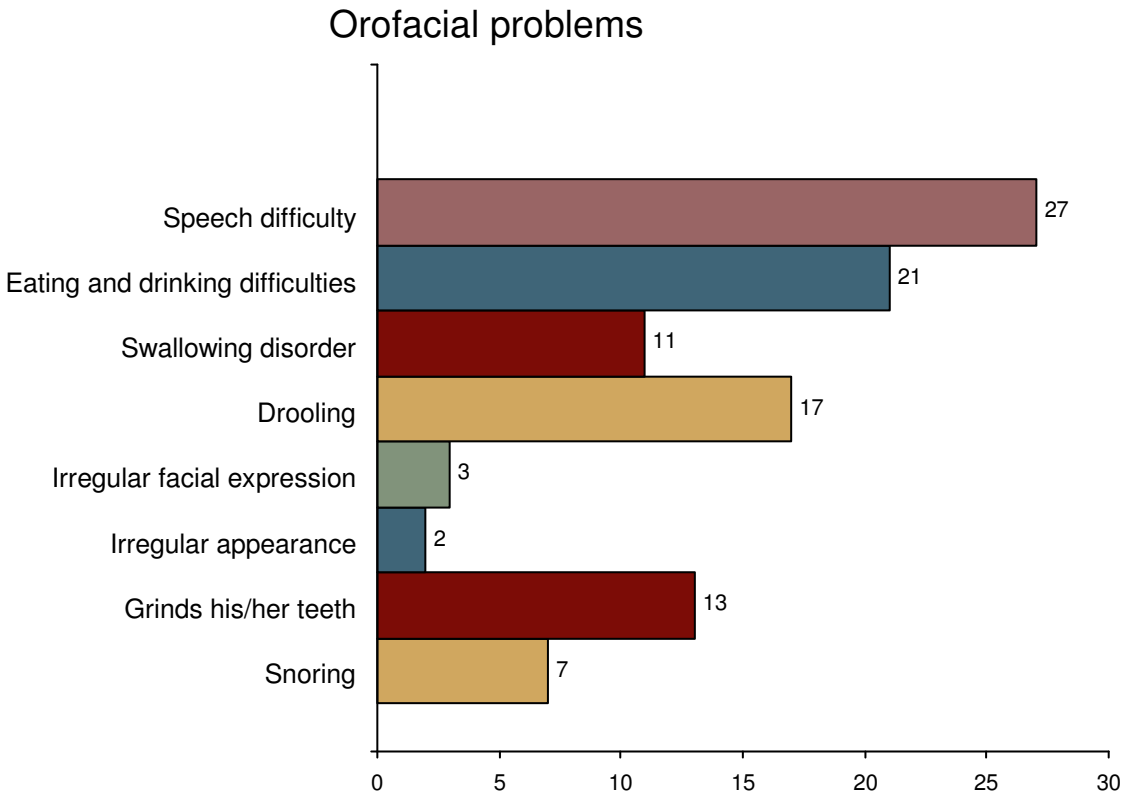
The rare diseases database of the Swedish National Board of Health and Welfare.
The MHC database – The database of Mun-H-Center on orofacial manifestations associated with rare diseases.
The newsletter of the Ågrenska Center.

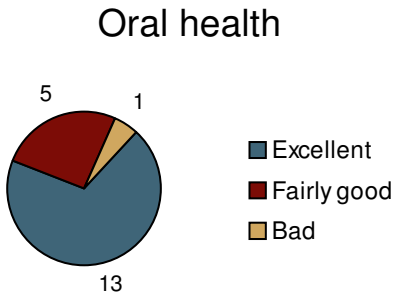


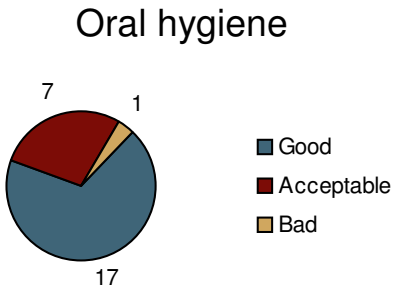
Number: 28

Ages: 3 -- 16 years

Sex: M (16) + F (12)

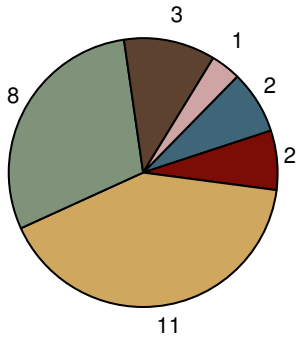






Behaviour in the treatment situation

How calm and co-operative is the patient at time of examination?



(2) Examination is possible w ithout problem

(2) Examination is possible w ithout problems, some reaction is observed

(11) Examination can continue if adjusted to patient's reactions

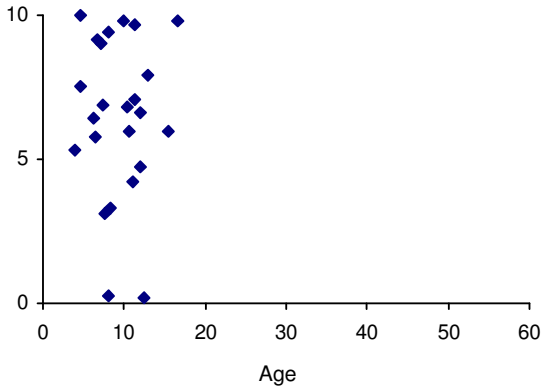
(8) Reactions are considerable and examination is obviously affected

(3) Examination is practically impossible to complete

(1) Patient refuses examination

How does the patient cope with treatment in general?

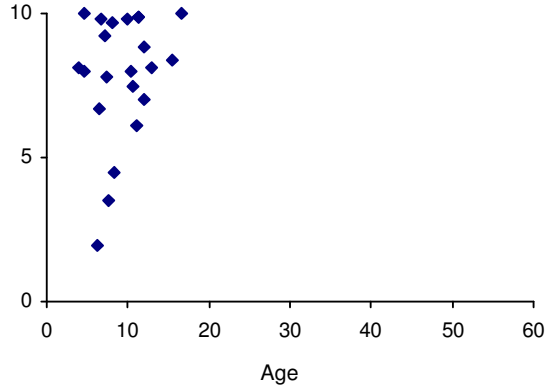
0=no problems/10=great problems



If there are treatment problems:

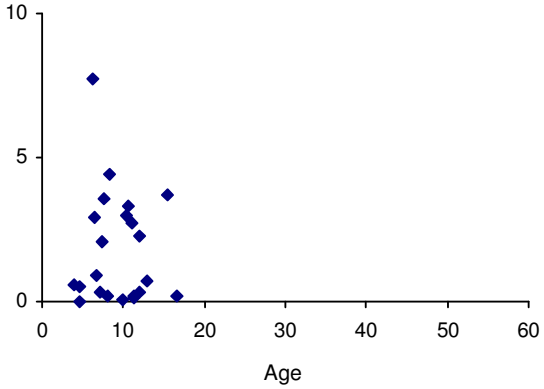
To what degree are the problems, if any, due to NN's handicap?

0=not at all/10=to a very high degree



To what degree are the problems, if any, due to NN's fear?

0=not at all/10=to a very high degree



Clinical findings	Total N=28	Boys/Men N=16	Girls/Women N=12	Not evaluated
Speech difficulty	27	15	12	0
Reduced mobility in tongue	20	12	8	0
Low muscle tone in lower lip	17	11	6	0
Low muscle tone in upper lip	17	11	6	0
Open mouth at rest	17	12	5	0
Reduced stability in neck	17	9	8	1
Drooling	16	9	7	2
Mask-like expression	15	10	5	1
Reduced mobility in neck	12	5	7	1
Frontal open bite	11	5	6	1
Low muscle tone in tongue	10	5	5	0
M mentalis is overactive	10	4	6	0
Mouth breathing	10	5	5	8
Other oral habits	10	7	3	1
Tongue between front teeth when swallowing	9	4	5	0
Gingivitis	8	6	2	1
Hypomineralisation	8	5	3	1
Lower lip is flaccid and inactive	8	5	3	0
Tongue between front teeth	8	3	5	0
Upper lip is inactive and raised	8	5	3	0
Narrow palate	7	5	2	2
Post normal bite	7	4	3	1
Pre normal bite	7	3	4	1
Spacing	7	6	1	1
Upper jaw seems large	6	3	3	1
Gingival hyperplasia	5	2	3	2
Grinds his/her teeth	5	5	0	1
Horizontal over-bite 6 mm or more	5	2	3	2
Low muscle tone in masticatory muscles	5	2	3	2
Proclined upper incisors	5	2	3	1
Facial asymmetry	4	2	2	0
Lower jaw seems large	4	2	2	1
Lower jaw seems small	4	2	2	1
Molar contact only	4	1	3	1
Corner of mouth lowered	3	2	1	0
Cross bite	3	2	1	1
High muscle tone in lower lip	3	1	2	0
High muscle tone in upper lip	3	1	2	0
High palate	3	2	1	2
Over crowding	3	1	2	1
Retroclined lower incisors	3	1	2	1
Upper jaw seems small	3	2	1	1
Wide palate	3	2	1	2