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Dental Issues in Turner's Syndrome

Famous People With Turner Syndrome



Linda Hunt, actress

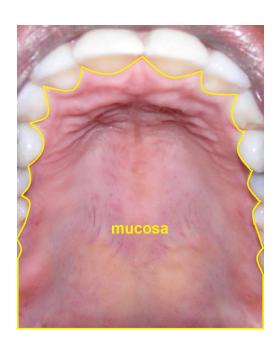


Melissa Marlowe, gymnast

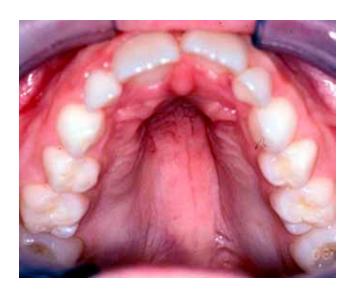
Dental Characteristics in TS

- Short cranial base
- High palatal vault
- Retrognathic mandible (and maxilla)
- Distal molar relation
- Large overjet
- Wider mandible
- Increased frequency of bilateral crossbite with anterior open bite

Palatal Shape



Normal palate



High palatal vault

Profile and Overjet



Overjet 8mm



Normal Overjet



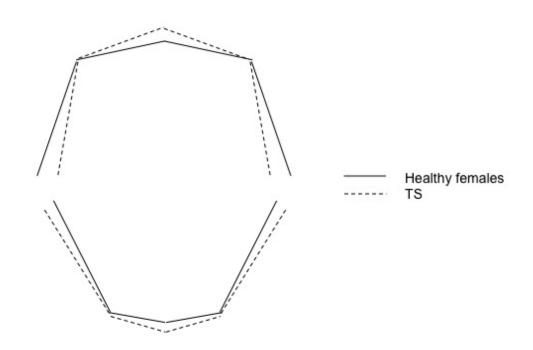
Retrognathic Profile



Straight Profile

Twin Block™ 7 Months

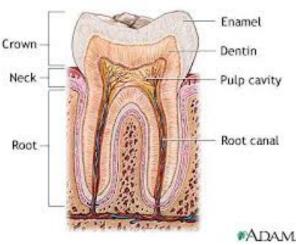
Maxilla/Mandible Relationship





Dental Morphology in TS

- Smaller crown width in permanent teeth
- Reduced crown height
 Most likely due to thinner enamel. Dentinusually not affected
- Altered cusp shapes
- Shorter roots
- Atypical root/canal patterns



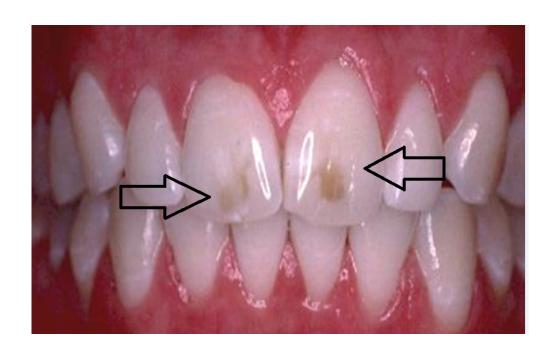
Disparity in Root Length





Enamel Defects

- Macroscopic enamel defects
- Increased enamel hypoplasias and opacities



Orthodontic Considerations

- The small and retrognathic mandible may contribute to malocclusion and other dental abnormalities
- Correction of the characteristic Class II malocclusion and chin deficiency of TS patients cannot be expected from GH treatment, even if it begins very early
- Orthognathic surgery may be necessary to correct malocclusions

Orthodontic Considerations

- It is recommended that all girls with TS see a pediatric dental specialist by the age of 2 yr and an orthodontist no later than age 7 yr
- Girls with TS are also at greater risk for root resorption, which can lead to tooth loss, especially during orthodontic treatment
- Osteoporosis may complicate orthodontic treatment

Other Dental Considerations

- Antibiotic prophylaxis due to any cardiac issues
- Fluoride regimen
- Adaptive hygiene techniques for dexterity issues

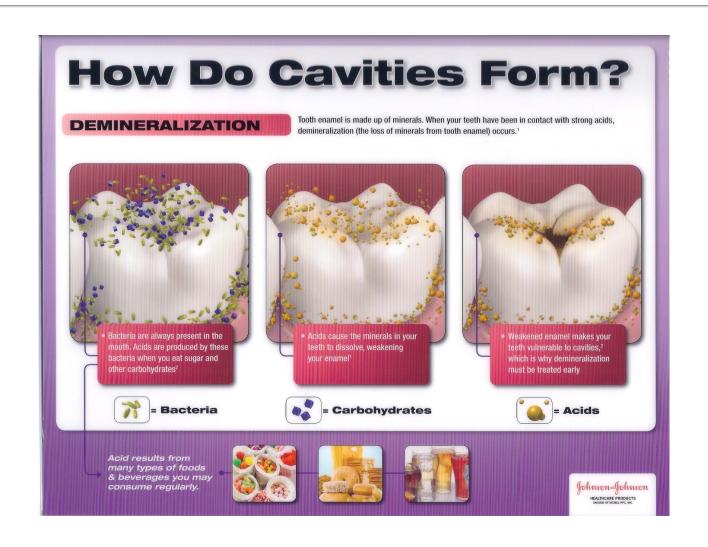
Oral Hygiene

- Early diagnosis of oral anomalies and timely treatment of dental problems by a general dentist and an orthodontist is essential
- Early steps to good oral health in your child: Clean your child's mouth twice a day even if he/ she does not have teeth yet. Wipe his/her gums with gauze. Anything that touches someone else's mouth should not be allowed to touch his/ her mouth.
- Once the first tooth appears, use a soft-bristled toothbrush and water to brush your child's teeth.

Oral Hygiene

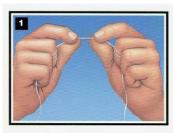
- Children should have their first dental visit around the time of their first tooth eruption and no later than age 1
- There should be 20 teeth in your child's mouth by age 3
- Never put your child to sleep with a bottle containing anything but water
- Routine exams should occur every six months or as determined by your child's dentist
- Once your child learns not to swallow toothpaste, brush his/her teeth with a rice-sized speck of fluoride toothpaste

Cavity Formation



Proper Oral Hygiene





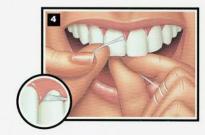
Wind 18" of floss around middle fingers of each hand. Pinch floss between thumbs and index fingers, leaving 1" - 2" length in between. Use thumbs to direct floss between upper teeth.



Keep a 1" - 2" length of floss taut between fingers. Use index fingers to guide floss between contacts of the lower teeth.



Gently guide floss between the teeth by using a zig-zag motion. DO NOT SNAP FLOSS BETWEEN YOUR TEETH. Contour floss around the side of the tooth.



Slide floss up and down against the tooth surface and under the gumline. Floss each tooth thoroughly with a clean section of floss.



