AMRITA VISHWA VIDYAPEETHAM
DEEMED TO BE UNIVERSITY

SRI RAMACHANDRA
INSTITUTE OF HIGHER EDUCATION AND RESEARCH
(Category - I Deemed to be University) Porur, Chennai

DENTAL EDUCATION UNIT
AMRITA SCHOOL OF DENTISTRY

TELEDENTISTRY PROGRAM 2025

A monthly forum for promoting collaborative learning in dentistry

SESSION 1

Date: 22nd January 2025

Time: 2:00 pm to 3:30 pm

Mode: Online (Zoom platform)

HOSTED BY

Department of Pediatric and Preventive Dentistry
Department of Orthodontics

Amrita School of Dentistry

MEETING LINK

https://us02web.zoom.us/j/84214465061?pwd=SX3RlWF4nNAC77XusRaJ2JAi02IbMM.1

Meeting ID: 842 1446 5061 Passcode: 123456

Dr. Balagopal Varma R. (Principal)
Dr. Rakesh S. (Vice Principal)
Dr. R. Venkitachalam (Coordinator, DEU)

Dr. H. Thamizhchelvan (Dean)
Dr. S. Muthukumar (Chairman, CSM and SAF)
Dr. K. C. Vignesh (Coordinator, Teledentistry)

Amrita School of Dentistry
Sri Ramachandra Dental College & Hospital

ABSTRACT

Management of Neuropathological chewing in a 13-year-old: A rare case report

Presenter: Dr. Janaki Shaji (Final year MDS Resident)
Dept. of Pediatric and Preventive Dentistry

Introduction: GNAO1-associated epileptic encephalopathy and movement disorder is a rare neurodevelopmental syndrome including hyperkinetic movements, epilepsy, developmental delay and intellectual disability. The characteristic continuous dystonic posturing is life-threatening. This report highlights a unique case of neuropathological chewing resulting in extensive tongue injuries in a child with this condition.

Clinical Case: A 13 years old with GNAO1-associated epileptic encephalopathy and status dystonicus presented with severe lacerations of the tongue due to persistent neuropathological chewing. He was tracheostomized, tube fed, and required antiepileptic and antidystonic medications. Conventional management options were inadequate in preventing further injuries to the tongue.

A custom designed 3D-printed lower arch appliance was developed to protect the tongue and upper Essix appliance was fabricated to prevent extrusion and improve child's quality of life.

Conclusion: Innovative approach using a 3D-printed appliance mitigated the risk of recurrent tongue injury, demonstrating the potential of customized dental appliances in managing and enhancing patient care in complex neurodevelopmental syndromes.

Cleidocranial Dysplasia: A Case-Based Approach to Diagnosis and Treatment

Presenter: Dr. Preethi S. Nair (Final year MDS Resident)
Dept. of Orthodontics and Dentofacial Orthopedics

Introduction
Cleidocranial dysplasia is an autosomal dominant disorder with a prevalence rate of approximately 1 in 1,000,000 individuals. This condition is primarily attributed to mutations in the Runx2 gene, which is crucial for osteoblastic differentiation. Clinically, CCD is characterized by hypoplastic clavicles, a narrow thorax, and delayed or absent closure of the fontanels.

The orofacial manifestations of cleidocranial dysplasia include midfacial hypoplasia, retention of primary teeth, and the impaction of permanent and supernumerary teeth. These conditions can substantially impede the quality of life for those affected.

Case Summary
This case report presents an 18-year-old boy with cleidocranial dysplasia. He was skeletal Class III with reverse overjet, many impacted teeth, and several supernumerary teeth. Orthodontic treatment was done in two stages. In the first stage, supernumerary teeth were extracted and impacted teeth were exposed followed by orthodontic traction of all impacted teeth. In the second stage, orthognathic surgery was performed after initial alignment to correct Class III skeletal relationships and to achieve overjet and overbite. The patient is currently undergoing post-surgical finishing and detailing

Conclusion
Effective management of the orofacial complications associated with cleidocranial dysplasia necessitates a coordinated approach involving dental specialists to achieve an optimal result.