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

AMRITA VISHWA VIDYAPEETHAM
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TELEDENTISTRY PROGRAM 2025

DENTAL EDUCATION UNIT
AMRITA SCHOOL OF DENTISTRY

A monthly forum for promoting collaborative learning in dentistry

SESSION 2

Date: 24th February 2025

Time: 2:00 pm to 3:30 pm

Mode: Online (Zoom platform)

HOSTED BY

Department of Pediatric and Preventive Dentistry
&
Department of Orthodontics and Dentofacial Orthopedics

Sri Ramachandra Dental College & Hospital
SRIHER(DU)

MEETING LINK

https://us02web.zoom.us/j/86217004548?pwd=8RUgtESJJoZ3WWjAkb1UvDANdvFGrM.1

Meeting ID: 862 1700 4548 Passcode: sriher

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9 INDUSTRY, INNOVATION AND INFRASTRUCTURE
17 PARTNERSHIPS FOR THE GOALS

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

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

Sri Ramachandra Dental College & Hospital
Amrita School of Dentistry

ABSTRACT

SEVERE CONGENITAL CYCLIC NEUTROPENIA: A CASE REPORT

Presenter: Dr Esther K (Final year MDS Resident)
Department of Pediatric and Preventive Dentistry

Background: Congenital cyclic neutropenia syndrome is a genetic condition characterized by a very low neutrophil count or neutropenia. Individuals with this illness typically have early-life neutropenia, a history of recurrent fever, mouth ulcers, gingivitis, and other recurring infections. Severe congenital neutropenia is a condition that increases the risk of repeated infections in affected individuals.
Case description: A 7-year-old male patient reported to the Department of Pediatric and Preventive Dentistry with a chief complaint of pain in his left lower back tooth for the past 1 month. His medical history revealed a history of vitamin C deficiency for which he was under medication until 1 year back. The patient also reported a history of recurrent oral ulcers on the tongue since 7 months of age. The smear testing was sent and the report was inconclusive after which the patient was referred to the Department of Rheumatology. Following gene mapping, the patient was diagnosed with congenital cyclic neutropenia.
Conclusion: This case report gives insight on how to diagnose and manage children who report with this condition.
Clinical significance: This case report highlights the significance and the crucial role of the Dentist in identifying and diagnosing uncommon immunosuppressive diseases in children presenting with recurrent oral ulcers and poor dental hygiene.

MANAGEMENT OF UNILATERAL CLEFT LIP AND PALATE - MULTIDISCIPLINARY APPROACH

Presenter: Dr. Monisha Mohan (Final year MDS Resident)
Department of Orthodontics and Dentofacial Orthopedics

Introduction: Unilateral cleft lip and palate (CLP) is a congenital condition that presents with significant dental and orthodontic challenges, including malocclusion, impacted teeth, and developmental delays in the maxillary arch. In patients with CLP, orthodontic management must be tailored to address both the functional and esthetic concerns. This report discusses the management of a 11-year-old boy with unilateral cleft lip and palate who underwent orthodontic treatment to correct maxillary discrepancies, including the use of Rapid Maxillary Expander (RME) and facemask therapy, along with the management of an impacted teeth.
Case summary: A 11 years old unilateral cleft patient reported with chief complaint of forwardly placed lower teeth. On extra oral examination, he presented with unilateral cleft on the left side, concave profile, retrusive upper lip, protrusive lowr lip and average mentolabial sulcus.On intra oral examination, he presented with mixed dentition with super class I molar relation bilaterally, negative overjet, presence of 63 and 65 deciduous teeth. Grade 3 score of GOSLON YARDSTICK index. On radiographic examination, CVMI stage 2 indicating that 65 % to 85 % growth was remaining. OPG showed a supernumerary tooth was present next to 12. Microdontic 22 present on the cleft side and impacted 13. 18 was congenitally missing. The main objective was to correct the skeletal Class III using a facemask with Alt-Ramec protocol to disarticulate the sutures. After 7 weeks of Alt-Ramec protocol, a petit type of facemask was delivered. The patient was instructed to wear the protraction facemask for at least 12 hours daily. After 6 months of facemask therapy, a positive overjet of 2 mm was achieved.ANB changed from -1 to 2 degrees SNA changed from 78 to 80 degrees and SNB 79 to 78 degrees. The upper molar had mesialized by 2 mm.After the End of Phase 1, the fixed appliance was started with MBT prescription 0.022 X 0.028 slot. After leveling and aligning, the supernumerary tooth adjacent to 12 was extracted, and surgical exposure of impacted 13 followed by orthodontic traction of 13 was done and aligned.Acrylic tooth in relation to 12 with Essix retainer in upper arch and lingual bonded retainer in the lower arch.
Conclusion: The effective orthodontic management of a patient with unilateral cleft lip and palate requires careful planning and a multidisciplinary approach. This case highlights the importance of personalized treatment plans and collaboration among dental specialists to achieve optimal outcomes in complex cases like cleft lip and palate.