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Special Needs Patients

736 | Anatomical and functional oral disorders in individuals with frequent congenital disorders

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Background: The aim of this study is to describe the most prevalent anatomical and functional oral disorders in individuals with frequent congenital disorders.
Methods: We retrospectively analyzed the medical records of patients with frequent congenital disorders who were administered treatment in the Special Care Dentistry Unit of the Santiago de Compostela University (Spain) between 2010 and 2020. We excluded rare diseases and those common diseases that involve specific and highly prevalent oral disorders (e.g., Down syndrome). For each patient we recorded dental (eruption disorders, number of teeth, their morphology, size and structure) and functional variables (presence of mouth breathing, atypical swallowing, lingual and/or lower lip interposition, short frenula, labial incompetence, type of diet, parafunctions and muscle tone).
Results: The study group consisted of 41 patients. Depending on the main target system affected, the patients were distributed into 3 categories: neurological disorder (group 1; n = 23), global developmental disorders (group 2; n = 7) and intellectual/cognitive disorders (group 3; n = 11). We detected tooth disorders in 68.2% of all patients, which were especially prevalent in group 2 (n = 8; 72.7%). In all groups, the most common disorders were those of eruption (26–63%); we detected dental morphology disorders in 28.5% of group 3. We detected functional disorders in 95% of the patients, which were especially prevalent in group 1. The most common were labial incompetence (n = 24; 58.5%) and mouth breathing (n = 23; 56%).
Conclusion: Anatomical and functional oral disorders are common among patients with frequent congenital disorders. Their early diagnosis is imperative to planning a multidisciplinary approach.

1524 | Case report of Dubowitz syndrome in Saudi Arabia

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Introduction: Dubowitz syndrome is a rare autosomal recessive disorder characterized by macrocephaly, short stature, abnormal faces, and mild to severe mental retardation. Growth retardation occurs both intrauterine and postnatal. Symptoms vary but are characterized by a high-pitch voice, partial webbing of the fingers and toes, palate demormations, genital abnormalities, language difficulties and aversion to crowds.
Case report: And 8-years old Saudi girl present to our clinic in Prince Sultan Medical Military city referred from maxillofacial department for restorative treatment and orthoconsultation. Behavioral characteristics of this child included hyperactivity, short attention span, and aggressiveness. Behavior problems also included difficulty feeding, sleep disturbance, and bedwetting.
Discussion: There is no current specific medical management for patients with DS. Patients with DS can be expected to survive to adulthood and lead a fairly normal lifestyle, although most have some level of mental retardation.
Conclusions: DS involves various systems, including the stomatognathic system, emphasizing the reasons for health professionals to recognize the characteristics and refer such patients for the necessary multidisciplinary treatments.

1499 | Parental perceptions of oral health and need for dental care in epileptic children

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Background: The study gives an overview of parent's perception of their child's dental health status.
Methods: A 20-item focused validated questionnaire was used to assess the dental status and need for dental care as perceived by the parent. Children aged from 2 to 18 years were included with a physician confirmed epilepsy diagnosis. Univariate and multivariate logistic regression was used to adjust for any confounding variables.
Results: 40 children were included in the study. Their mean age was 6.875, with 33% of the parents evaluated rated their child's oral health status as bad. Cognitive disability ($P = 0.007$) and motor disability ($P = 0.013$) was significantly associated with increased risk of perceived bad dental status. Cognitive disability ($P = 0.022$) was significantly associated with increased parental expression of need for dental care.
Conclusions: Dental hygiene is found to be not maintained in children with epilepsy having cognitive and motor disability as reported by the parents. The healthcare team for children with epilepsy should include dentists' and in addition, parents should be trained to deal with their child's special needs.

637 | Caregivers' attitude towards oral care in children with special needs: A call for action among dental professionals

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Background: Prevention of oral diseases is the most preferred course of action for children with special health care needs (CSHCN). As such, routine oral care strategies used by their caregivers such as tooth brushing technique, frequency of oral cleaning and timely adaptation of methods practiced are important factors to consider in this population. This study was conducted to explore the practices of regular home oral care employed by caregivers for their CSHCN, and the difficulties encountered by them.
Methods: A semi-structured, qualitative, in-depth interview was conducted among the caregivers of CSHCN, reporting to an integrated health care centre in the city of Mangalore, South-India. The exploratory interviews were conducted in a semi-private environment, using an interview question guide and response template. The interviews were audio-recorded with the caregivers' consent, and analysed using a reflexive, thematic content analysis strategy.
Results: The study revealed that, among the 71 caregivers recruited, 76% performed the tooth brushing for their CSHCN at least once, daily. Night-time tooth brushing practices were ignored in 95% children. Only 5% caregivers meticulously supervised their child's tooth brushing, twice a day. Biting the caregiver's fingers, chewing of the toothbrush, gagging, ill-behaviour and severity of child's special needs were most reported difficulties against proper oral cleaning practices in the study.
Conclusion: Oral care practices in CSHCN and their caregivers' difficulties were explored. It was found that CSHCN and their caregivers require additional training to manage the children's oral health more effectively. Specific solutions to their difficulties may be worked into well-defined strategies by paediatric dentists.

930 | Are we crippled in understanding and managing an individual with intellectual impairment? A review on intellectual impairment in Indian scenario

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Background: Differently abled does not mean worthless. It is never about productivity; it is about humanity. Intellectual impairment is characterized by significant impairment in cognitive and adaptive behavior. The National Sample Survey Organization (NSSO) estimated that the number of persons with various impairments in India is 1.8% of the Indian population, of which 75% live in rural areas and urban slums.
Literature Review: Intellectual impairment is a permanent condition therefore it creates special needs for both the individual and the family across the life span. Holistic programs should address the lifelong needs in a step-by-step fashion. Oral problems in intellectually impaired individuals range from developmental to restorative to periodontal to prosthetic considerations. India is a developing country, despite its rapid growth in various fields. In such a scenario the ratio of people getting institutional oral hygiene care training is relatively less as many intellectually impaired individuals stay at home. The current poster aims at describing home training