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## prevention of Infective Endocarditis

- Endocarditis prophylaxis is recommended for:  
All dental procedure that involve manipulation of gingival tissue or periapical lesion or perforation of ORAL mucosa.
- the following procedure do not need prophylaxis:
  - Peri Routine anesthetic Injection
  - dental Radiograph
  - Removable prosthodontics or orthodontic appliance
  - Shedding of deciduous teeth.
  - Bleeding from trauma to the lips or ORAL mucosa.

## cerebral palsy.

- disorder of the development movement and posture, causing activity limitation, attributed to non-progressive disturbances that occur in the developing fetal or infant brain.
- **prenatal risk factor:**
  - Hypoxia
  - Multiple gestation
  - Maternal fever
  - Abdominal trauma
  - Intrauterine infection
  - teratogenic exposure

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• Perinatal Factors include :

- premature birth < 32 week
- Low birth weight < 2500 gm
- Asphyxia (deficient supply of O<sub>2</sub> to the body)
- Placental abruption
- Instrument delivery

• Postnatal Factors include :

- Asphyxia
- ~~se~~ seizures in postnatal period
- chronic Lung Diseases
- meningitis
- Head injury
- sepsis

• subclassification :

Based on

A. motor Disorder observed

1- Spastic CP

- increased muscle tone

2- Dyskinetic CP

- hypotonia, Athetotic (slow, writhing) movement

• abnormal Postural control

• problems with coordination

• speech and swallowing Difficulty

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### 3. Ataxic CP

- Problems with voluntary movement, balance and Depth Perception

### B. which extremities are involve:

#### 1- Quadriplegia:

- All four extremities, trunk and oromotor musculature are involve

#### 2- Diplegia:

- characterized by spasticity in the legs, arms also can be affected but to a lesser extent

#### 3. Hemiplegia:

- one side of the body are involved

→ usually → arms > legs

#### 4. monoplegia

- only one limb is involve

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## C. Parental Report and clinical observation

• Parental reports include:

- Difficulty Feeding
- excessive Crying
- Stiffness
- Delayed motor milestones
- abnormal gait Patterns

• Dental treatment concern:

1. malocclusion

- angle class II
- anterior open bite
- Prominent maxillary incisors

→ This may be attributed to

- Hypotonia
- Poor swallow reflex
- Frequent mouth breathing.

2. Traumatic Dental injuries

- High prevalence of class II malocclusion
- Difficulties with ambulation
- Increased incidence of seizures

3. Bruxism

4. Drooling

- normal in children < 4 yrs
- pathologic past the age of 4
- not producing excess saliva, rather, they are unable to swallow normal output of saliva because of oromotor dysfunction.

### • Complication of Drooling:

- Perioral chapping
- Infection and Dehydration
- Psychosocial problems.

### • management of Drooling:

- Anticholinergic medication
- Speech therapy.
- Intraoral appliance therapy
- Biofeedback
- Surgical procedure → involve → salivary gland
- Injection of botulinum toxin A into the salivary gland.

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## 5. Oral hygiene :

- Poor oral Hygiene → major problem
- Dyskinetic movement and inability to manipulate a toothbrush.
- chronic pooling of saliva tend to build up extensive Calculus deposits
- Risk of aspiration and use of high speed suction during Hygiene Procedure.

## 6. enamel Hypoplasia

- usually present
- birth Hypoxia.

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## Haemophilia A

- Excess bleeding after trauma
- Delayed bleeding
- Internal Haemorrhage
- Bleeding Into brain
- Bleeding Into Larynx / pharynx
- Haematuria.

Haemophilia B : clinical feature similar to Haemophilia A

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## Von-willebrands disease

- Quantitative / qualitative abnormalities of vWF
- Impaired platelet adhesion and aggregation
- Deficiency of FVIII

### clinical Features:

- Mucous membrane bleeding - purpura
- Excess menstrual bleeding
- Epitaxis
- Gingival Haemorrhage
- Haemarthrosis rare.

## Bleeding Disorder

### Medical Management:

- Replacement factor therapy
- DDAVP (synthetic analogue of the antidiuretic hormone vasopressin)
- tranexamic acid (antifibrinolytic agent)
- Topical Agent:
  - 5% tranexamic acid mouth wash
  - Fibrin glue
  - oxidised cellulose
  - Gellatin Sponge.

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• **Periodontal treatment:**

- prevention
- Scaling
- Bleeding can be controlled with direct pressure or periodontal dressing
- periodontal surgery is a high Risk procedure.

• **Local anaesthesia:**

- No Restriction Regarding the type of LA
- Vasoconstriction may provide additional Local Hemostasis

<b>Local anaesthetic technique</b>	
<b>Haemostatic cover Not Required</b>	<b>Haemostatic cover required</b>
<ul style="list-style-type: none"><li>• Buccal Infiltration</li><li>• Intra pupillary Injection</li><li>• Intra ligamentary</li><li>• Intraosseous</li></ul>	<ul style="list-style-type: none"><li>• Inferior Dental block</li><li>• Lingual Infiltration</li></ul>

• **ORAL surgery:**

- for those with severe Hemophilia, Factor replacement is necessary before:  
Scaling, Surgery, regional block Injection