



Orofacial function of persons having Fragile X syndrome

Report from observation charts

The survey comprises 93 observation charts.

Estimated occurrence: 1:5000 boys and 1:4000 girls have the genetic mutation that causes Fragile X syndrome. All boys, but only 20% of the girls, who have the mutation also have the symptoms.

Etiology: An unstable DNA segment on the long arm of the X chromosome. Girls almost always have less severe symptoms, since females have two X chromosomes.

General symptoms: Delayed psychomotor development. Varying degrees of intellectual disability. Many of these children have concentration problems and poor endurance. There may be some autism spectrum or autism-like features, and there is an increased frequency of epilepsy. There may be a cardiac defect, mitralis valve prolapse, usually unproblematic.

Orofacial/odontological symptoms: Characteristic facial features are associated with the diagnosis. These features are less pronounced in children. Many have malocclusions. Speech, language and communication difficulties are frequent, as are eating and drooling problems. Speech is often rapid. Mouth hypersensitivity may occur, and be problematic in terms, for instance, of feeding and tooth brushing.

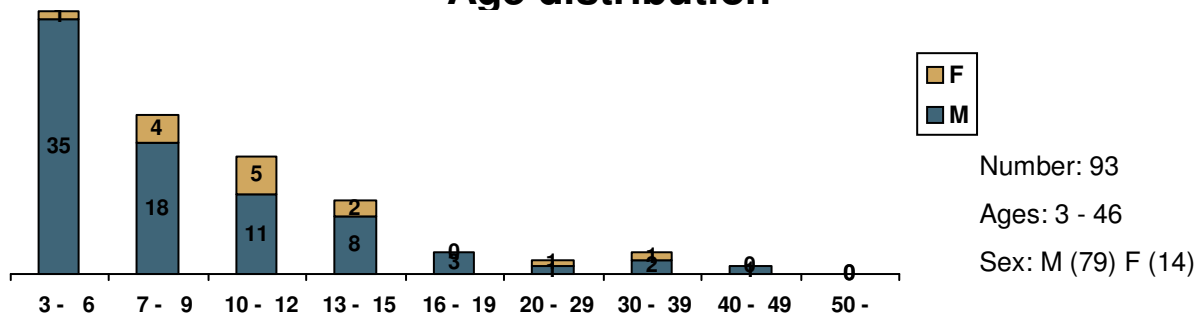
Orofacial/odontological treatment:

- Early contact with dental services for intensified prophylactic and oral hygiene information is essential.
- Regular check-ups of dental and jaw development. Orthodontist should be consulted when needed.
- Orofacial therapy and oral motor skills training in cases of difficulties with eating, speech or drooling.
- Speech, language and communication training are often required.
- When treating medically compromised patients always contact their doctors for medical advice.

Source:

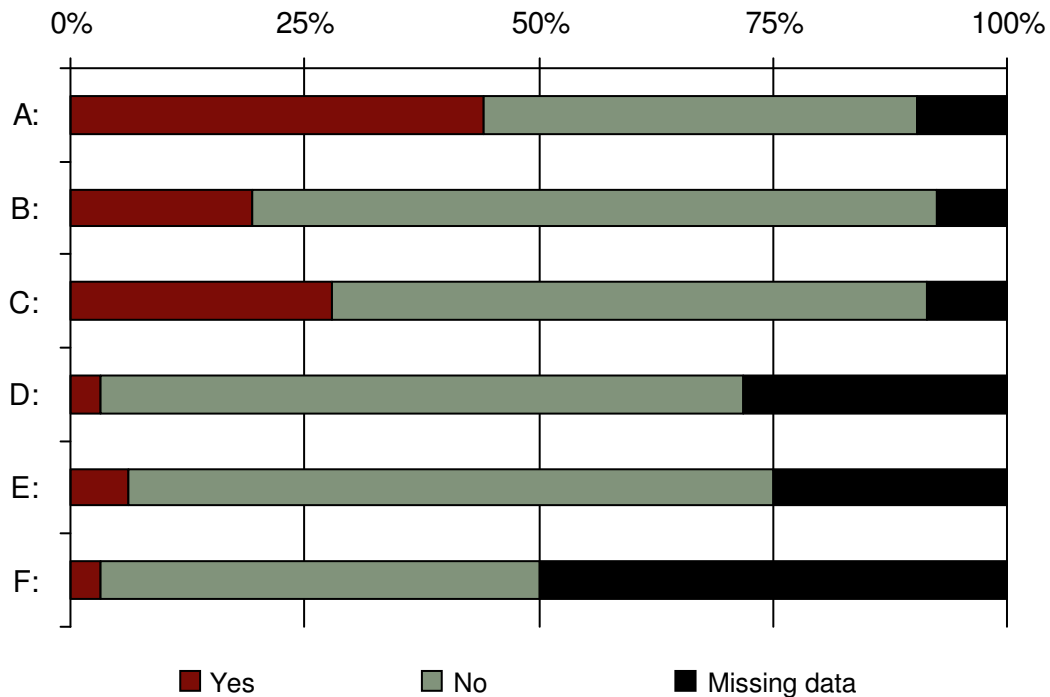
The rare disease database of the Swedish National Board of Health and Welfare.
The MHC database - The Mun-H-Center database on oral health and orofacial function in rare diseases.
The Documentation from the Ågrenska Center.

Age distribution



Overview

	Yes	No	Missing data	N
A: Incomprehensible speech/No speech	41	43	9	93
B: Eating and drinking difficulties ¹	18	68	7	93
C: Profuse drooling, on clothes ¹	26	59	8	93
D: Breathing difficulties ^{1 2}	1	22	9	32
E: Grinding every day ^{1 2}	2	22	8	32
F: Severe malocclusions ²	1	15	16	32



Note that the diagram is based upon less than 100 individuals.

1: Compiled using questionnaire

2: This variable was introduced in version 2 (2008) of the Observation chart.

Oral health

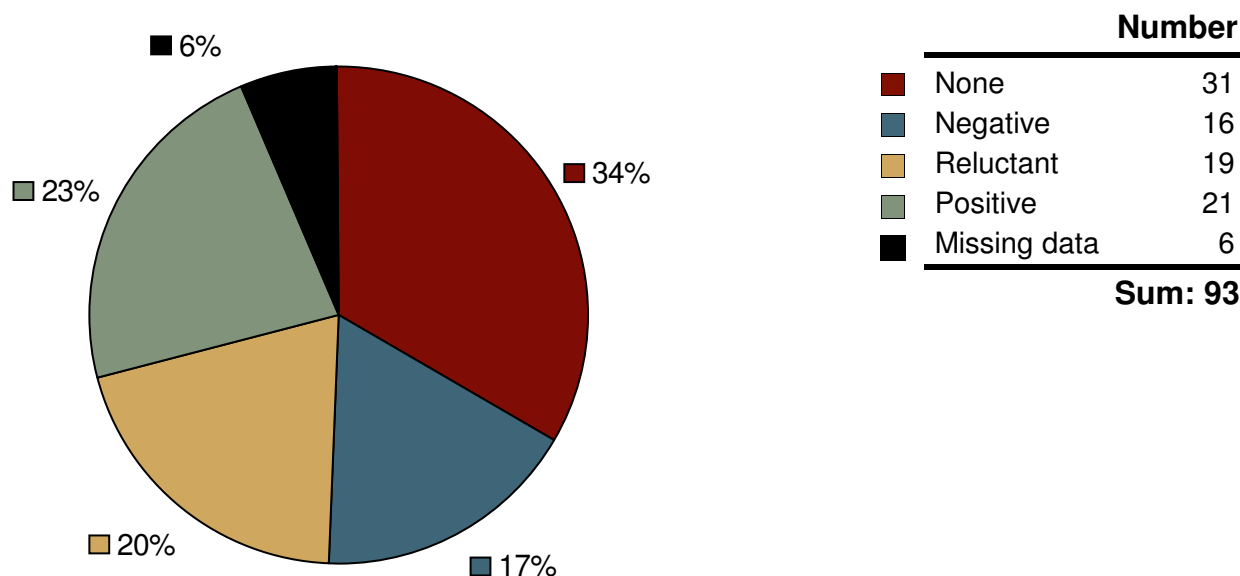
Oral health index (indices)¹

		0	1	2	3	4	5	6	Missing data	N
Calc	Calculus	12	3	1	0	0	0	0	16	32
GI	Gingivitis	10	1	2	1	1	0	1	16	32
Plaq	Coating	10	2	1	2	0	0	1	16	32
Toot	Tooth wear	14	1	1	0				16	32

- C Calculus index is based on the presence of visible calculus on the buccal surface of 6 index teeth. 0 indicates that there is no calculus at all, 6 indicates calculus on all index teeth.
- GI Gingivitis index is based on the presence of visible gingivitis on the buccal surface of 6 index teeth. 0 indicates that there is no bleeding, 6 indicates bleeding on all index teeth.
- PI Plaque index is based on the presence of visible plaque on the buccal surface of 6 index teeth. 0 indicates that there is no plaque, 6 indicates plaque on all index teeth.
- To Tooth wear index is a weighted summary of the degree of tooth wear on 6 different segments. Tooth wear is only evaluated in the permanent dentition, not in the primary teeth. The final index score is based on the degree of tooth wear found in most segments.
- 0: No tooth wear or minor wear of enamel in either of the segments
- 1: Marked tooth wear of the enamel, possibly exceeding into dentin
- 2: tooth wear in the dentine reaching up to 1/3 of the tooth crown
- 3: Tooth wear in the dentine reaching up to more than 1/3 of the tooth crown. If 3 is given in any segment then SI is 3.

¹: Oral health index (indices) was (were) introduced in the observations in 2008

Acceptance of dental examination



Caries

	3-6 years	7-12 years	13-19 years	Adults
deft¹				
Examined	21	18		
Number of individuals with deft=0	21	13		
Mean	0,0	0,8		
Standard deviation	0,0	1,6		
Missing data	15	20		
DMFT²				
Examined		19	10	6
Number of individuals with DMFT=0		16	7	2
Standard deviation		0,8	2,1	6,4
Mean		0,3	1,3	5,7
Missing data		19	3	0

1: Number of carious or filled deciduous teeth

2: Number of carious or filled permanent teeth

Occlusal relationship

	Number
Neutral bite	52
Post normal	9
Pre normal	8
Missing data	24
Sum: 93	

Maximum jaw opening

Children younger than 10 years

	Number
- 20	0
21 - 30	0
31 - 40	12
41 - 50	10
51 -	0
Missing data	36
Sum: 58	

Children, 10 years or older, and adults

	Number
- 20	0
21 - 30	0
31 - 40	4
41 - 50	10
51 -	5
Missing data	16
Sum: 35	

Profile¹

	Number
Normal	20
Convex	1
Concave	0
Missing data	11
Sum: 32	

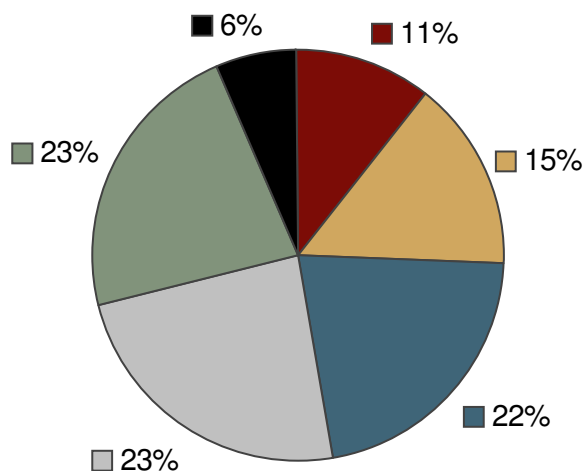
Mandibular plane¹

	Number
Normal	9
Increased	2
Reduced	1
Missing data	20
Sum: 32	

1: This variable was introduced in version 2 (2008) of the Observation chart.



Speech difficulty



	Number
No speech	10
Very incomprehensible	14
Incomprehensible speech	20
Slightly indistinct speech	22
No problems	21
Missing data	6
Sum: 93	

Clinical findings	Yes-answers			
	Total N=93 (%)	Boys/Men N=79 (%)	Girls/Women N=14 (%)	Missing data
Open mouth at rest	45 (49)	40 (51)	5 (36)	1
High palate	30 (38)	29 (43)	1 (8)	13
Low muscle tone in lips	27 (30)	25 (33)	2 (14)	3
Impaired tongue motility	25 (32)	23 (35)	2 (15)	15
Narrow palate	25 (34)	25 (40)	0 ()	20
Over crowding	14 (19)	9 (14)	5 (42)	18
Intra oral hypo-sensitivity	11 (16)	11 (19)	0 ()	23
Frontal open bite	11 (15)	10 (17)	1 (8)	21
Spacing	10 (14)	9 (15)	1 (8)	20
Low muscle tone in tongue	8 (9)	6 (8)	2 (15)	7
Low muscle tone in masticatory muscles	8 (12)	7 (13)	1 (9)	26
M mentalis overactive	6 (7)	4 (5)	2 (14)	5
Facial asymmetry	5 (6)	5 (7)	0 ()	4
Mucous membrane changes	4 (6)	4 (7)	0 ()	24
Short tongue frenulum	3 (4)	3 (4)	0 ()	12