



Orofacial function of persons having Esophageal atresia

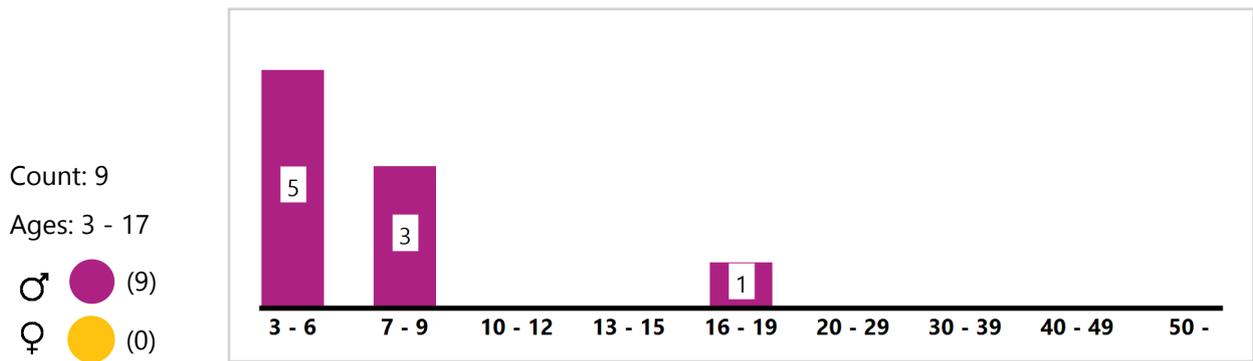
Report from observation charts



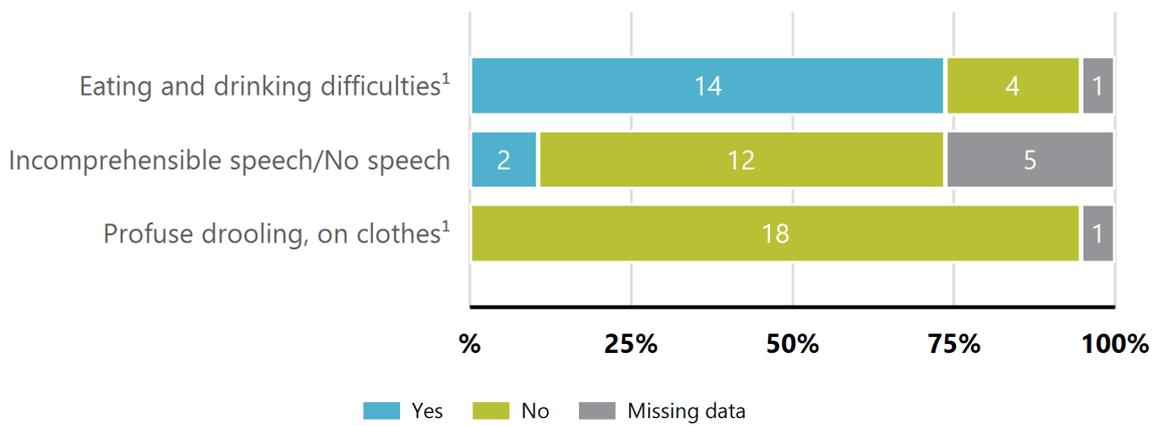
9 observation charts

| | |
|-----------------------------|--|
| Synonym | Tracheo-esophageal fistula |
| ICD-10 | Q39.0 |
| Estimated occurrence | 25:100,000 live births. |
| General symptoms | <p>There are three different forms of esophageal atresia:</p> <ul style="list-style-type: none"> – The upper end of the esophagus ends blindly, lower end is connected to the trachea.–Both the lower and upper esophagus end blindly.–There is a passage in the esophagus together with fistula to the trachea.Esophageal atresia requires surgery; usually this takes place during the first week of life. If there is a long gap between the ends of a two-part esophagus surgery is usually postponed until the child is a little older. The operated area of the esophagus sometimes needs to be widened (dilated). Esophageal atresia occurs relatively often in conjunction with other types of malformations. The esophagus may be narrow or have impaired function which may cause swallowing difficulties. Many people have problems with gastroesophageal reflux (backflow from the stomach into the esophagus). Respiratory problems are also common. |
| Oral symptoms | Delayed eating development and swallowing difficulties are common. Eating difficulties and frequent vomiting carry an increased risk for oral health. |
| Oral treatment | <ul style="list-style-type: none"> • Children with eating difficulties often require extra dental care, including help with oral hygiene and fluoride treatments. • Feeding and swallowing difficulties are investigated and treated by a specialist team at the hospital or multidisciplinary treatment centre. • Training in oral motor skills in cases of eating disorders may be necessary. |
| Sources | The MHC database Rare diseases Dokumentation-Ågrenska |

Age distribution



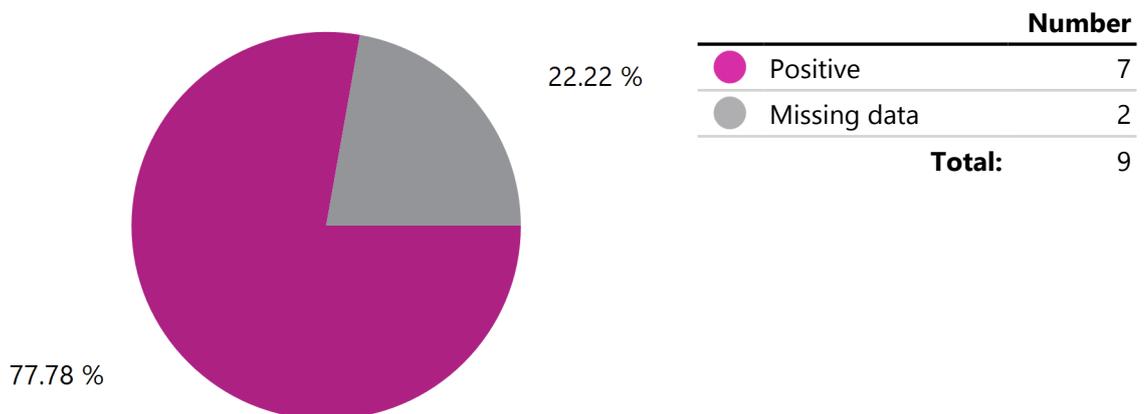
Summary



Certain caution should be observed when interpreting the chart because the number of individuals is less than 100.

¹ Reported via questionnaire

Acceptance of dental examination



Oral health

Caries

| | | 3-6 years | 7-12 years | 13-19 years |
|---|--|-----------|------------|-------------|
| deft | Examined | 5 | 3 | |
| Number of carious or filled deciduous teeth | Number of individuals with deft=0 | 5 | | |
| | Mean | 0.0 | 2.0 | |
| | Standard deviation | 0.0 | 1.0 | |
| | No data | 0 | 0 | |
| DMFT | Examined | | 3 | 1 |
| Number of carious or filled permanent teeth | Number of individuals with DMFT=0 | | 3 | |
| | Mean | | 0.0 | 1.0 |
| | Standard deviation | | 0.0 | |
| | No data | | 0 | 0 |

Oral health index (indices)¹

| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Missing data | Number |
|-------------------|---|---|---|---|---|---|---|--------------|--------|
| Calculus | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 1 |
| Gingivitis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 1 |
| Plaque | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 1 |
| Tooth wear | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 1 |

CALCULUS

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.

GINGIVITIS

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.

PLAQUE

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.

TOOTH WEAR

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

Occlusal relationship

| | Number |
|---------------------|---------------|
| Neutral bite | 13 |
| Overbite | 1 |
| Underbite | 1 |
| Missing data | -6 |
| Total: | 9 |

Maximum jaw opening

Children younger than 10 years

Children, 10 years or older, and adults

| | Number |
|---------------------|---------------|
| -20 | 0 |
| 21-30 | 0 |
| 31-40 | 4 |
| 41-50 | 3 |
| 51- | 1 |
| Missing data | 0 |
| Total: | 8 |

| | Number |
|---------------------|---------------|
| -20 | 0 |
| 21-30 | 0 |
| 31-40 | 1 |
| 41-50 | 0 |
| 51- | 0 |
| Missing data | 0 |
| Total: | 1 |

Profile¹

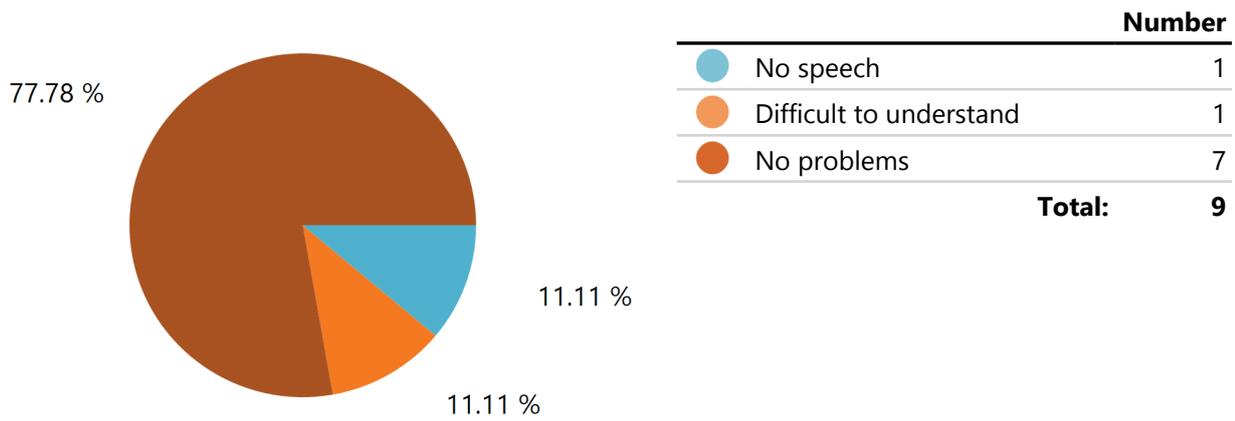
| | Number |
|---------------------|---------------|
| Normal | 0 |
| Convex | 0 |
| Concave | 0 |
| Missing data | 1 |
| Total: | 1 |

Mandibular plane¹

| | Number |
|---------------------|---------------|
| Normal | 0 |
| Increased | 0 |
| Reduced | 0 |
| Missing data | 1 |
| Total: | 1 |

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

Speech problems



Clinical findings

Number of yes-answers

| | Total = 9 (%) | ♂ = 9 (%) | ♀ = 0 (%) | Missing Data |
|---------------------------|---------------|-----------|-----------|--------------|
| Open mouth at rest | 2 (22) | 2 (22) | #Error | 0 |
| Frontal open bite | 1 (11) | 1 (11) | #Error | 1 |
| Facial asymmetry | 1 (11) | 1 (11) | #Error | 0 |