Orofacial function of persons having **Hydrocephalus**

Report from questionnaires | 2 questionnaires

Synonym	
ICD-10	G91.9
Estimated occurance	1:1,000 live births, of which 1/3 with meningomyelocele.
General symptoms	Hydrocephalus is usually treated with the surgical placement of a shunt (flexible tube) that diverts cerebrospinal fluid from the ventricles to the abdominal cavity or to the atrium of the heart. Hydrocephalus does not necessarily cause any functional impairment but may be associated with cerebral palsy, balance problems, delayed development, learning disabilities, epilepsy, or eye and vision problems. Autism spectrum disorders, e.g. ADHD, may also occur.
Oral symptoms	Oral motor function is affected in some children, resulting in speech impairment, eating difficulties and drooling. Weak muscles in the mouth and face may also impact on oral health and occlusal development.
Oral treatment	• Early contact with dental services for intensified prophylactic care and oral hygiene information is essential. • Regular check-ups of dental and jaw development. Orthodontist should be consulted when needed. • Training in oral motor skills in cases of eating difficulties, speech difficulties and drooling. • Speech and language difficulties should be investigated and treated by a speechlanguage pathologist. • When treating medically compromised patients always contact their doctor for medical advice.
Sources	The MHC database Rare diseases Dokumentation-Ågrenska

Age distribution

Number: 2

Ages: 11 - 13

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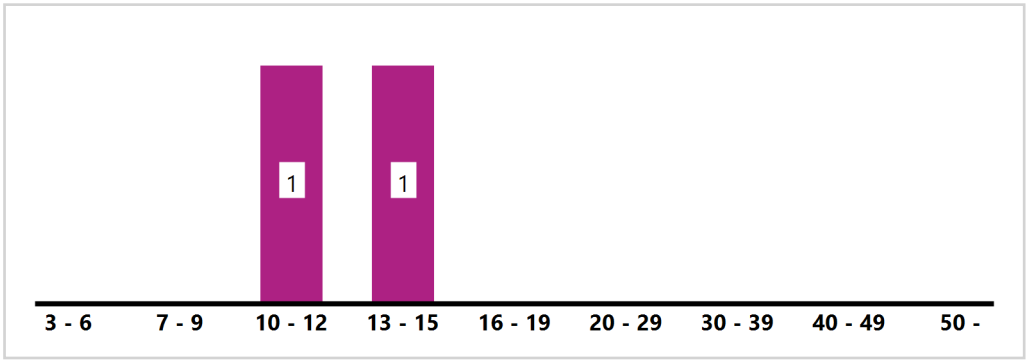


Additional diagnoses

Medical impairment	Yes	No	Missing data
Inborn heart defect	0	1	1
Other cardiovascular disease	0	1	1
Epilepsy	1	0	1
Asthma	0	1	1
Need of respiratory support	0	1	1
Allergy	1	0	1

Neuropsychiatric diagnosis	Yes	No	Missing data
ADHD/ADD	0	1	1
Autism (Includes autism, Asperger syndrome and autistic traits)	0	1	1

General disability	Yes	No	Missing data
Intellectual disability	0	1	1
Motoric functional impairment	0	0	2
Visual impairment	0	0	2
Hearing loss	0	1	1
Communication difficulties	0	1	1

About dental care and oral health

Do you feel that you receive the dental care you need?	Number
Yes, very much so	1
Missing data	1
Total:	**2**

How many times per year do you normally seek dental care?	Number
One time per year	1
Missing data	1
Total:	**2**

When were your teeth last X-rayed?	Number
During the past two years	1
Missing data	1
Total:	**2**

Do you look after your teeth in a good way?	Number
Yes, very much so	1
Missing data	1
Total:	**2**

Who brushes your teeth?	Number
Sometimes I brush myself	1
Missing data	1
Total:	**2**

How often are your teeth brushed?	Number
Two times per day	1
Missing data	1
Total:	**2**

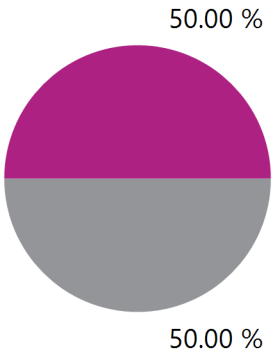
About dental care and oral health

	Yes	No	Missing data
Does your mouth hurt?	0	1	1
Does your mouth feel dry?	0	1	1
Have you ever taken a serious hit to your permanent front teeth?	0	1	1
Do you feel that you have a divergent bite?	0	1	1
Have you had a brace?	0	1	1
Do you feel that you need orthodontics/a brace?	0	0	2

Do you grind or press your teeth at night?	Number
Never	1
Missing data	1
Total:	**2**

Do you grind or press your teeth during the day?	Number
Never	1
Missing data	1
Total:	**2**

About eating



Do you have any problems with eating?	Number
No, not at all	1
	1
Missing data	0
Total:	**2**

	Yes	No	Missing data
Do you cough daily in connection with meals?	0	1	1
Do you gag daily in connection with meals?	0	1	1
Do you get acid reflux daily?	0	1	1
Do you throw up often (at least twice per week)?	0	1	1
Do you have a poor appetite?	0	1	1
Does it take a long time before you can swallow a mouthful?	0	0	2
Do you press your tongue forward when you swallow so that food ends up outside the mouth?	0	0	2
Do you find it difficult to chew, i.e. grind food using your molars?	0	1	1
Do you find it difficult to take food from the spoon using your lips?	0	1	1
Have you had problems with food and drink leaking out through the corners of your mouth?	0	0	2
Does food tend to remain in your mouth after meals?	0	1	1
Do you get nutrition in any other way than through your mouth?	0	1	1

About drooling

Do you drool?	Number
Never drool	1
Missing data	0
Total:	**2**

How much do you drool?	Number
Total:	

Is your drooling a problem for you?	Number
Total:	

Is your drooling a problem for your family or people around you?	Number
Total:	