



TISSUE OVERGROWTH AND DENTAL NEEDS WITH STURGE-WEBER SYNDROME

S.THIAKKURISSY, DDS, MS
PROFESSOR AND DIVISION DIRECTOR
DIVISION OF DENTISTRY, CINCINNATI CHILDREN'S HOSPITAL

OVERVIEW

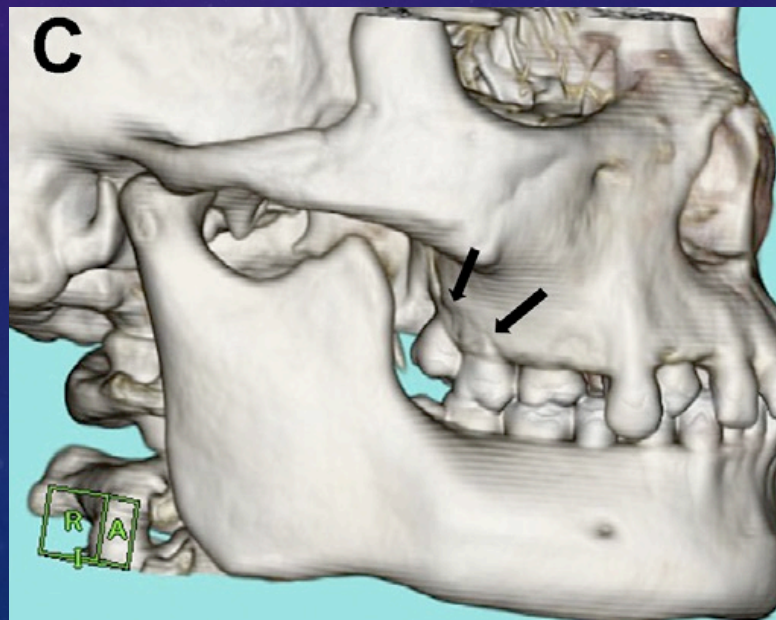
- Oral health in SWS
- Diagnosis
- Collaborative Care
- Long term considerations
 - Orthodontics
 - Periodontics



ORAL HEALTH IN SWS

- Hemangiomas (unilateral) of;
 - gingivae
 - lips
 - tongue
 - palate
- Differential diagnosis
 - Klippel-Trenauny Syndrome
 - Why does this matter ?





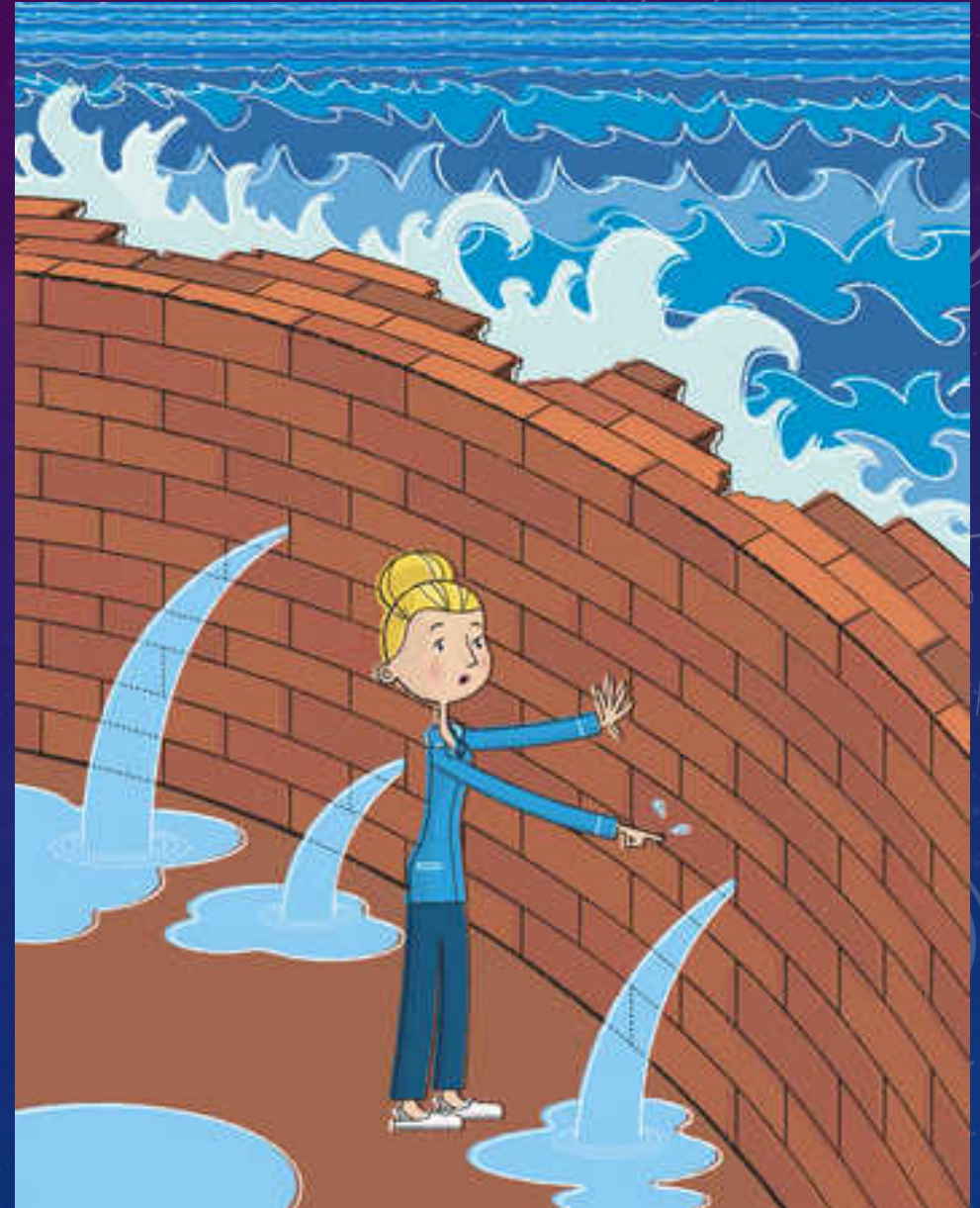
DENTAL DIAGNOSIS

- All children should have a dental home established / see a dentist by age 1 or within 6 months of eruption of first tooth (this may be sooner for a child with SWS)
- Anti seizure medications? Associated gingival hyperplasia
- Enlarged alveolar bone and jaw bones
- Increased interdental spacing
- Altered eruption pattern
- Periodontal probing and gingival assessments
- Potential Changes in the dental pulp / nerve



COLLABORATIVE CARE

- Understanding the risk of post-operative bleeding
 - Need for surgical standby ? Operating room care?
 - Use of rubber dam clamps?
 - Local Anesthesia ?



ORTHODONTICS AND LONG-TERM CARE

- Timing of initial orthodontic consult may be in primary dentition
- Collaboration with Pediatric Dentist and Orthodontist
- Expectations of treatment
- Long term retention and impact on areas of overgrowth



PERIODONTICS

- Non surgical therapy and oral hygiene
- Use of lasers for surgical intervention
- Relapse gingival issues related to medication usage
- Adjuncts
 - Mouth rinse
 - Chlorhexidine
 - Antibiotics (?)



QUESTIONS ?

