ABSTRACT: Ectodermal dysplasia’s are inherited diseases that have developmental defects in at least two major structures derived from the ectoderm. The most characteristic findings are sparse scalp and body hair, reduced number of sweat glands, heat intolerance and brittle nails. Some infants and children have premature look referred to as an ‘old man’ facies. Characteristic dental findings include hypodontia, abnormal shaped teeth, delayed teething. Early dental treatment promotes self-confidence improves individuals psychosocial condition. The parents must be educated and motivated about the importance of dental treatment in such patients. The present case is a report of 6 year old boy having defects in all the Ectodermal derivatives with significant dental findings wherein the patient’s mother was reluctant to accept the proposed treatment plan. Hence we felt that parental motivation is a prerequisite in such cases.

KEYWORDS: Hypohydrotic Ectodermal Dysplasia (HED), oral rehabilitation, parent counseling.

INTRODUCTION
Ectodermal dysplasia (ED) affects males and is inherited through female as carriers. The incidence of ED in males is estimated at 1 in 1, 00,000 births, and carrier incidence in females is around 17.3 in 1, 00,000 births. Genetic studies reveal that mutations in the ectodysplasin A and ectodysplasin A receptor genes are responsible for X-linked and autosomal HED. Oral rehabilitation is important as this would help in improving sagittal and vertical skeletal relationship during craniofacial growth & development. There is no literature stating the importance of parental counseling as a prerequisite for proposed treatment in HED patients. The aim of this case report is to describe the importance of parental counseling for HED patients.

Case report
A six year old boy reported with his mother to Aimst reception and primary care unit, with a chief complaint of unerupted teeth. History revealed that since his birth there are only few milk teeth erupted and erupted teeth appears sharp and pointed. History revealed that this was the child’s first dental visit, child was getting chastened in the school and nick named as “old man” hence refused to go to school and this has led the parent to approach the dentist. Upon eliciting the Medical history it was revealed that child experienced frequent episodes of fever since his birth and has undergone multiple consultations, but no systemic abnormality has been detected. Child could not withstand hot climate and he failed to sweat. Family history revealed absence of consanguity and no similar dental manifestations been identified among the siblings. On extra oral examination patient had receded hair line, with prominent supraorbital ridges, depressed nasal bridge was noticed (Fig.1). Her nails were brittle and are associated with frank bleeding (Fig.2.). On intraoral examination there were multiple missing teeth in the upper and lower jaw and the teeth in the upper incisal region appeared conical in shape(Fig.3). orthopantomograph (OPG) revealed congenitally missing teeth in the clinically missing tooth region with few unerupted tooth buds(Fig.4). Hence with the above history and clinical findings we arrived at a provisional diagnosis of Hypohydrotic Ectodermal Dysplasia. We explained the mother about the child’s developmental condition and advised for partial denture fabrication with the existing teeth. The parent was worried that the child was too young to undergo the proposed dental treatment plan and psychologically unwilling. We have explained the consequences of long term edentulism and for better psychosocial development of the child early dental intervention would be the correct treatment option.

Discussion
ED syndromes have been described as a group of disorders of morphogenesis displaying two or more of the following signs and symptoms Trichondysplasia (abnormal
Fig. 1. Extra Oral Photographs- receded hair line, with prominent supraorbital ridges, depressed nasal bridge.

Fig. 2. Brittle nails with frank bleeding.

Fig. 3. IntraOral photograph-Multiple missing teeth and conical shaped teeth.

Fig. 4. Orthopantomograph (OPG) revealed congenitally missing teeth.
Inclusion of extra oral finding hence was diagnosed as the HED. Oral the above literature. Superficial peeling is also often noted between the parents, and no similar case of HED deficiencies and the young age when they are evaluated for treatment. Therefore, when treating a child with ED, it is important to motivate both the child as well as his parents prior to the treatment and to work with them to ensure their compliance. Oral rehabilitation is important for treatment. Therefore, when treating a child with ED, it is important to motivate both the child as well as his parents prior to the treatment and to work with them to ensure their compliance. Oral rehabilitation is important for treatment. Therefore, when treating a child with ED, it is important to motivate both the child as well as his parents prior to the treatment and to work with them to ensure their compliance. Oral rehabilitation is important for treatment. 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