In this case, we report on a 15-year-old child with uncommon spinal pain as a warning sign that should prompt further investigation.

Observation

The child B.A., aged 15 years, with no previous history, consulted for inflammatory back pain that had been evolving for a few days. The context of apyrexia and conservation of the general state, associated with an abnormal clinical examination with an exaggerated dorsal kyphosis, a lumbar spinal syndrome.

Background

Spinal pain is a frequent symptom whose aetiology can be extremely varied. In the pediatric domain, it is sometimes difficult to establish the diagnosis, and particularly in adolescents.

Inflammatory spinal pain is a warning sign that should prompt further medical examination, which is all the more necessary in the context of the child's general state being preserved.

Case presentation

The patient has no previous medical history to note, apart from a childhood scar on the thoracic wall. He began to experience pain and difficulty breathing with the slightest movement, associated with a slight fever. The spondylodyplasie and the blood tests were negative. The patient had no history of trauma. In view of the inflammatory spinal pain, the anterior chest wall pain, the blurred contours was objectified by the CT scan of the anterior chest wall. Bone scans revealed intense hyper-fixation foci at the T6-T7 level. The somatic examination revealed a retention acne. Biologically, there was a positivity of the inflammatory syndrome, brucella serology and tuberculin TST were negative.

In the department for abnormal teeth, with or without systemic manifestations.

Conclusion

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CLINICAL FORM!

62 RACHIALGIA OF DIFFICULT DIAGNOSIS: AN UNUSUAL PERSPECTIVE

64 CONICAL TEETH? THINK OUTSIDE THE BOX!

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Background

Ectodermal dysplasias (ED) are inherited disorders involving congenital abnormalities of different ectodermal structures, the most prominent presentation being adontia/hypodontia.

In this article, we present a brief overview of several pediatric cases of ED with a short review of the odontological manifestations.

2. Case reports

We report several cases of children consulting in the pediatric department for abnormal teeth, with or without systemic manifestations.

Discussion

The peculiar bone lesions with normal dental aspects are highly suggestive of this inherited disorder. Genotypic analysis performed on 8 fingers of both hands, excluding the thumbs, and four limbs showed the presence of the “brittle bone” syndrome. The presence of abnormilities in at least two groups as normal, minor abnormalities, major abnormalities and scleroderma pattern. The presence of abnormilities in at least two groups as normal, minor abnormalities, major abnormalities and scleroderma pattern. The presence of abnormilities in at least two groups as normal, minor abnormalities, major abnormalities and scleroderma pattern.

Conclusion

NVC was performed on 8 fingers of both hands, excluding the thumbs, and four limbs, and clinical characteristics of the patients were recorded. NVC was performed on 8 fingers of both hands, excluding the thumbs, and four limbs, and clinical characteristics of the patients were recorded. The semi-quantitative rating score 1–3 was applied for each capillaroscopic alteration. Apical loop width was 18 μm, capillary width was 39 μm, venous width was 16 μm, and intercapillary distance was 107 μm. Neoangiogenesis was seen in 13 patients, bushy capillaries in 5 patients, bizarre capillaries in 4 patients, patients, enlarged capillaries in 12 patients, capillary meandering in 9 patients, pseudofolliculitis in 18 patients, uveitis in 10 patients, vascular ulcers developed in 22 patients, erythema nodosum in 9 patients, intestinal system involvement. During the follow-up period, genital mucocutaneous involvement, 9 patients had uveitis, 8 patients had pseudofolliculitis, 6 patients had SAPHO syndrome exist and should not be ignored.
The clinical examination of these patients revealed insufficient and abnormal dentition, with rare beveled teeth and thin and rare hair, as well as eyelashes and eyebrows. Also, parents reported episodes of hyperthermia without sweating from an early age. Dental radiography confirmed the diagnosis of ectodermal dysplasia.

3. Discussion

Ectodermal dysplasias (EDs) are a group of various inherited disorders involving abnormal congenital development of at least two ectodermal structures (hair, nails, teeth, and sweat glands). The management of these rare disabling conditions is still mainly symptomatic. The traditional removable prosthesis can be an option to replace missing teeth. However, implants provide the best long-term results and prognosis. In particular, dental implants are commonly used in oral reconstruction of ED patients, but long-term data on bone augmentation and bone resorption, aesthetic outcomes, and implant success are needed.

4. Conclusion

EDs are a myriad of heterogeneous conditions encompassing several inherited embryopathies affecting teeth and other ectoderm-derived structures in utero. Diagnosis is essentially clinical, confirmed by radiology and genetics which can specify the causal mutation; treatment is mainly conservative.