



UNIVERSIDADE FEDERAL DE UBERLÂNDIA
FACULDADE DE ODONTOLOGIA



PATRÍCIA FREITAS OLIVEIRA

**CONGENITAL INTRABUCCAL ALTERATION:
CLINICAL CASE REPORT OF UNILATERAL
SYNECHIA**

UBERLÂNDIA
2018

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CLINICAL CASE REPORT OF UNILATERAL
SYNECHIA**

Trabalho de conclusão de curso
apresentado a Faculdade de Odontologia
da UFU, como requisito parcial para
obtenção do título de Graduado em
Odontologia

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DEDICATÓRIA

*A Deus meu amparo e meu
sustento ! Ao meu avô Noel
que faleceu em abril, à minha
mãe, aos meus familiares que
sempre me apoiaram.*

Agradecimentos

Agradeço a todas as pessoas que sempre estiveram ao meu lado, me dando forças e me ajudando a superar todos os meus obstáculos.

À minha mãe

Obrigada por todo apoio que eu recebi da senhora! Por cada palavra de apoio e por todo amor que eu sempre recebi, você sempre disse que eu seria capaz e hoje se eu cheguei até aqui foi graças a você minha mãe.

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Obrigada minha amiga! Por ter me recepcionado no grupo de jovens Ágape quando eu cheguei em Uberlândia, por sempre estar ao meu lado nos momentos mais complicados, orando por mim. Atualmente estamos distantes, mas Deus sempre será a nossa união.

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As professoras: Danielly, Alessandra, Fabiana e Ana Paula

Haaaa... Quanto amor! Eu só consigo definir a equipe de vocês em amor! Acredito que a odontopediatria seja a especialidade da odontologia, que eu consiga enxergar a máxima definição de amor, de entrega ao próximo. Obrigada por todos os ensinamentos!

A professora Danielly,

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Epígrafe

“Ninguém ignora tudo,
ninguém sabe tudo. Por
isso aprendemos sempre.”

(Paulo Freire)

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Congenital intrabuccal alteration: Clinical case report of unilateral oral synechia

Oliveira PF, Paulo LFB, Marques KLS, Castro AM, Oliveira FS, Ferreira DCA

Abstract

BACKGROUND: The oral synechia is a rarely observed change in the oral cavity which is a connective tissue structure adhered between soft or fibrous tissues, connecting the upper jawbone to the lower jawbone, still presenting uncertain etiology.

CASE REPORT: Female patient, six months of age, born with 28 weeks, diagnosed with some systemic changes and also a membrane between the hard palate and the floor of the mouth on the right side. The child was referred for evaluation and confirmed the diagnosis of oral synechia on the right side with possible interference of the structure in sucking and swallowing. After an agreement with the doctor the surgical procedure was performed with the use of injectable local anesthetic and the aid of an active protective stabilization.

CONCLUSION: Concluded that the surgical treatment was successful, because there was an improvement in the sucking and swallowing, bringing benefits to feed the baby.

Key words: Congenital abnormalities, Mouth floor , Palate

Introduction

The synechia is an anomaly rarely observed in the oral cavity, and may be composed of epithelial adhesions, connective tissue, and muscle tissue ¹. It is a congenital condition found in newborn babies ². Its etiology remains uncertain³, the persistence of buccopharyngeal membrane and an abnormality in the formation of the subglossopalatal membrane, are the main theories accepted¹. The objective of this study was to report the clinical case of a baby diagnosed with unilateral oral synechia and its treatment.

Case Report

A 28 weeks female patient, born premature, by cesarean section, weighing 640 g, measuring 30 cm and was the third of a triplets pregnancy. The child was diagnosed at birth with delayed psychomotor development and presented other associated diseases, such as patent ductus arteriosus with hemodynamic repercussion, cardiac murmur without repercussion, flat hemangioma on the lower hemithorax, bronchopulmonary dysplasia and otitis on the right side. After the birth, the patient remained in the intensive care unit for 4 months. The child was assessed and was verified the presence of a membrane between the hard palate and the mouth floor, and was referred for dental evaluation.

At the first dental appointment, 6 months old it was performed a detailed anamnesis that verified the general state of health. The intraoral examination showed absence of cleft palate and confirmed the presence of oral synechia on the right side connecting the mouth floor and hard palate with possible interference in sucking and swallowing (Figure 1). Due to the health condition of the child, the opinion of the pediatrician was requested, which was favorable to perform the surgical procedure for removal of oral synechia. The procedure was performed with the use of local injectable anesthetics (lidocaine 2% with adrenaline 1:100.000 UI), under the active protective stabilization. The incision

was performed with a scalpel blade, without the need of posterior suture (Figure2). Seven days after the surgery, it was observed a positive healing, and an improvement in sucking and swallowing, as reported by the family.

Discussion

Fuhrmann et al. (1972)⁴ were the first to report the clinical cases associating cleft palate and lateral synechia . The oral synechia may be associated with other syndromes and with cleft palate¹. In this case, the child did not present a cleft palate associated with unilateral oral synechia. A study presented a female baby , 10 months of age, with congenital alveolar synechia with no association of cleft palate⁵.

The oral synechia can bring respiratory distress, feeding difficulty and mouth opening limitation, these are common signs of this condition and often requires immediate intervention³. The treatment proposed in this case was the surgical removal of the unilateral oral synechia. The surgical correction is the preferable approach , being suggested by other studies in the literature^{1,2,3,5}.

In the present case was used local anesthetic injection and the use of active protective stabilization during the procedure. Because it is a fast procedure and due to the systemic conditions, the procedure was chosen in an outpatient setting. A constant observation of the child's vital signs and crying was made, deducing that the procedure, despite the discomfort, did not cause pain. Similar conduct was adopted by another study in which it was used only local anesthesia⁵. Other studies suggest the use of resources, such as sedation associated with local anesthesia^{2,3} and nasal intubation³.

Conclusion

In cases of oral synechia the surgical treatment has a great prognosis, because the function of sucking and swallowing were restored, bringing benefits to feed the baby.

Bullet Points

- Reporting this case to the scientific community is essential for everyone to have access to the occurrence and diagnosis of oral synechia.
- To recognize this change; because it may occur in the oral cavity of newborns and these professionals need to be able to handle the case.
- To demystify the use of surgical treatment of the oral synechia, as well as the use of local anesthetics and the different advanced baby management techniques.

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Figures

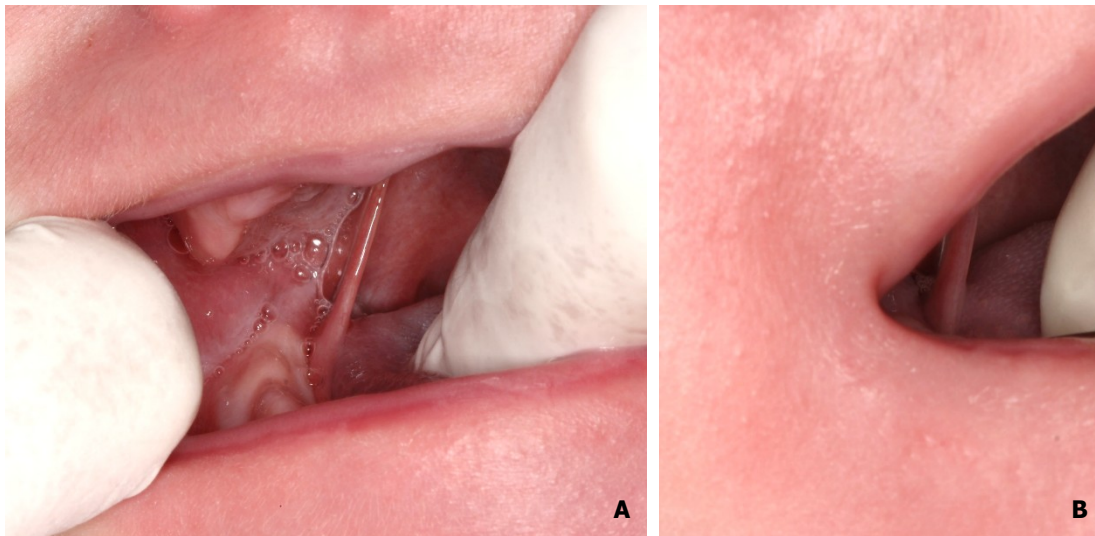


Figure 1 - Intraoral oral examination in which the diagnosis of oral synechia was made. A- Frontal view of the membrane verifying its insertion in the hard palate and the buccal floor. B- Side view of the membrane allowing the verification of the width of the membrane.

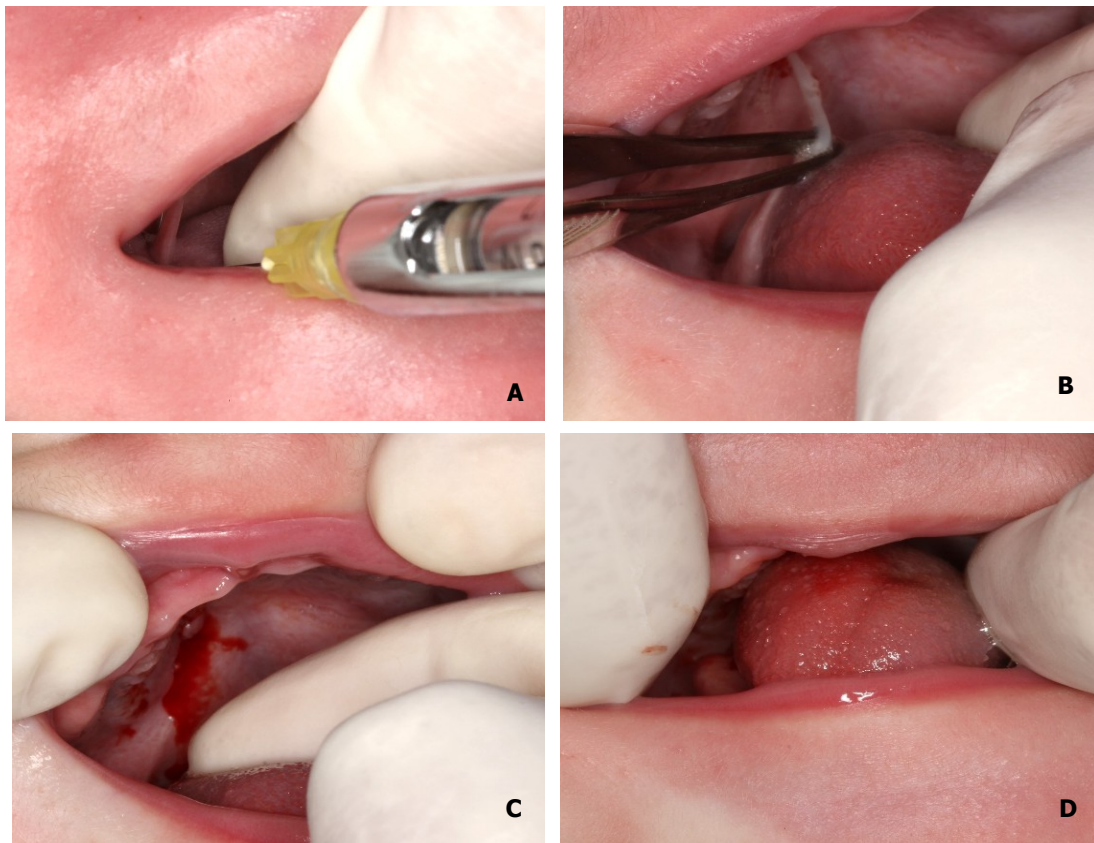


Figure 2 - The surgical procedure performed on the baby. A- Infiltrative anesthetic technique in the membrane region with injectable local anesthetic Lidocaine 2% with epinephrine 1: 100,000 IU. B- Seizure of the membrane for posterior incision. C- Incision and removal of the membrane itself. D- Clinical evaluation in the immediate postoperative period with the total removal of the membrane.

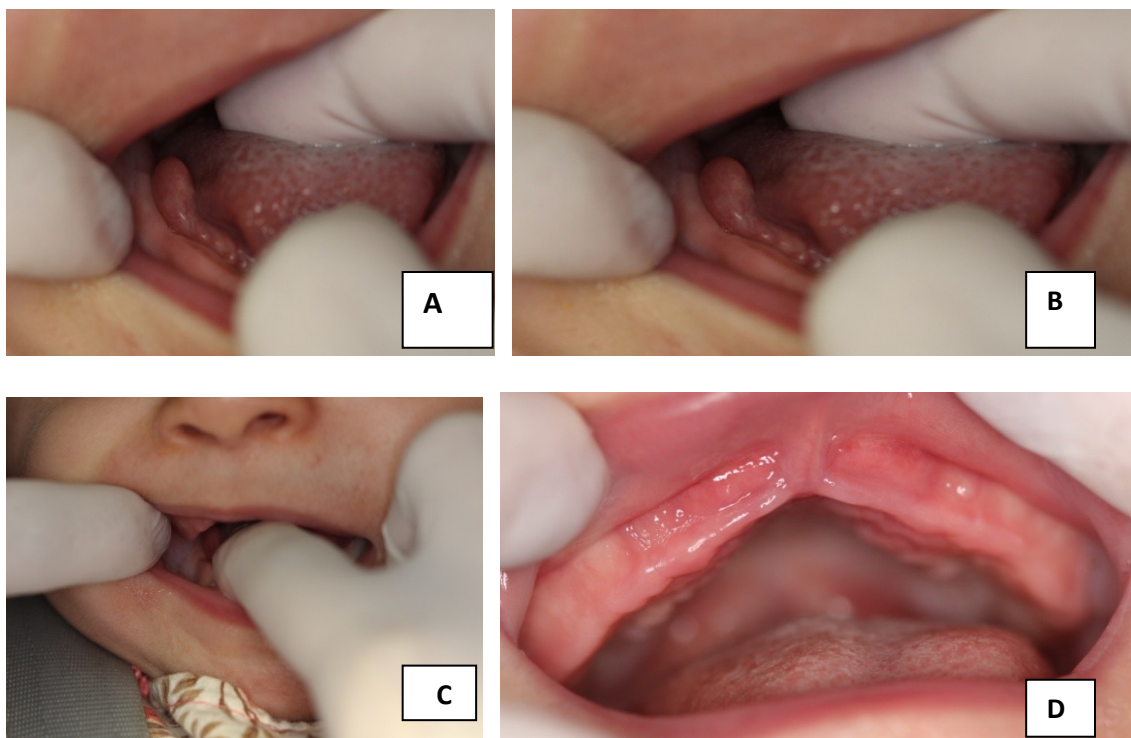


Figure 3: Images showing surgical preservation after five months of surgery. According to family reports there were improvements in the oro-motor function of the child.

Anexo 1 – Normas da Revista

INTERNATIONAL JOURNAL OF PAEDIATRIC DENTISTRY

Normas da Revista

Link da revista
<https://onlinelibrary.wiley.com/page/journal/1365263x/homepage/forauthors.html>

Brief Clinical Reports/Case Reports: Short papers not exceeding 800 words, including a maximum of three illustrations and five references may be accepted for publication if they serve to promote communication between clinicians and researchers. If the paper describes a genetic disorder, the OMIM unique six-digit number should be provided for online cross reference (Online Mendelian Inheritance in Man).

A paper submitted as a Brief Clinical/Case Report should include the following:

- a short **Introduction** (avoid lengthy reviews of literature);
- the **Case report** itself (a brief description of the patient/s, presenting condition, any special investigations and outcomes);
- a **Discussion** which should highlight specific aspects of the case(s), explain/interpret the main findings and provide a scientific appraisal of any previously reported work in the field.
- Please provide up to 3 bullet points for your manuscript under the heading: 1. Why this clinical report is important to paediatric dentists. Bullet points should be added to the end of your manuscript, before the references.

Letters to the Editor: Should be sent directly to the editor for consideration in the journal.

2. 1 MANUSCRIPT FORMAT AND STRUCTURE

2.2.Format

Language: The language of publication is English. UK and US spelling are both acceptable but the spelling must be consistent within the manuscript. The journal's preferred choice is UK spelling. Authors for whom English is a second language must have their manuscript professionally edited by an English speaking person before submission to make sure the English is of high quality. It is preferred that manuscript is professionally edited. A list of independent suppliers of editing services can be found

at http://authorservices.wiley.com/bauthor/english_language.asp. All services are paid for and arranged by the author, and use of one of these services does not guarantee acceptance or preference for publication

2.3 Structure

The whole manuscript should be double-spaced, paginated, and submitted in correct English. The beginning of each paragraph should be properly marked with an indent.

2.4. Illustrations

and

Tables

Tables: should be numbered consecutively with Arabic numerals and should have an explanatory title. Each table should be typed on a separate page with regard to the proportion of the printed column/page and contain only horizontal lines

Figures and illustrations: All figures should be submitted electronically with the manuscript via ScholarOne Manuscripts (formerly known as Manuscript Central). Each figure should have a legend and all legends should be typed together on a separate sheet and numbered accordingly with Arabic numerals. Avoid 3-D bar charts.

Anexo 2 - Certificado Congresso Mineiro de Odontologia**2º CONGRESSO MINEIRO DE ODONTOLOGIA****CERTIFICADO**

Certificamos que o trabalho **"Sinéquia Oral Unilateral: Relato de caso clínico"**, autoria de: **PATRÍCIA FREITAS OLIVEIRA; LUÍS FERNANDO BARBOSA DE PAULO; KÉSIA LARA DOS SANTOS MARQUES; ALESSANDRA MAIA DE CASTRO PRADO; FABIANA SODRÉ DE OLIVEIRA; DANIELLY CUNHA ARAÚJO FERREIRA DE OLIVEIRA**, foi apresentado na categoria **"graduação"** e na modalidade **"painel"**, durante o 2º Congresso Mineiro de Odontologia, realizado na cidade de Uberlândia/MG, no período de 13 a 14 de abril de 2018.


Renata Pereira Georjutti
Diretora Comissão Científica


Ricardo Manoel Lourenço
Presidente Uniodonto Uberlândia


Alberto Magno da Rocha Silva
Presidente CRO MG