Articulatory disorders can arise due to hypodontia. Snow found that sibilants and lingual dentals were the most frequent sounds in error. Hoarseness of voice in hidrotic type of ectodermal dysplasia has been reported. The mandibular ridge is thin and underdeveloped.

CASE REPORT:
A female patient aged seven years reported to the Department of Pedodontics, College of Dental Surgery, Mangalore, with a complaint of missing teeth. Extra oral examination revealed sparse hair on the scalp, thin eyebrows, sparse eyelashes, frontal bossing, depressed nasal bridge, protuberant lips and decreased lower facial height (Fig.1&2). There was no dryness of skin and sweating was normal. Nails appeared normal. Speech defects in the form of defective labio-dental consonants (f,v) and lingua-alveolar consonants (s,z th) was noted.

Intraoral examination revealed missing anterior and first primary molar. Alveolar ridges in edentulous areas appeared thin (Fig.3&4). Orthopantamograph revealed congenitally missing upper and lower central incisors, upper lateral incisors, lower canines, upper and lower first premolar in the permanent dentition. The primary canines had the characteristic cone shaped appearance and the primary molar had the buccal crown form.

Family history regarding similar features was positive. The patient’s mother and grandmother had similar features suggesting autosomal dominant mode of inheritance.

Upper and lower impression were made and acrylic partial dentures were constructed (Fig.5). The patient was recalled after one week and it was found that patient had adapted well to the dentures. The patient was referred to a speech therapist for the correction of speech defects.

DISCUSSION:
It has been suggested that for a disorder to be classified as ectodermal dysplasia, abnormalities of at least two of the following structures must be present: hair, teeth, nails or sweat glands. There is, however, no universal agreement on the precise number of abnormal features which should be present. It is also not clear whether patients with abnormalities of structures derived from other germ layers should be included. The difficulties in classification arise because of the complex, mutually inductive epithelial-mesenchymal interactions which occur during embryogenesis. In the case reported above, defective hair and partial anodontia was seen and hence was diagnosed as ectodermal dysplasia. However, no defective nails were seen, thus excluding it from hidrotic type or Clouston syndrome. But a positive family history, suggesting autosomal dominant inheritance is significant. Hence, further studies on these conditions are still required to define their phenotypic spectra and obtain a better idea of pathogenesis.

Early prosthetic treatment in children with ectodermal dysplasia is important. This results in significant improvement in esthetics, masticatory and phonetic functions. In addition, the positive psychological impact on the child and his/her parents should be taken into account. Guckes et al have stated that anatomical factors and age considerations require careful attention during treatment planning. It has been reported that the child’s self image is fairly complete by 4-5 years of age. Therefore cosmetic and prosthetic measures should be instituted as early as possible to have the child resemble his peers. Appropriate changes have to be made in denture teeth so that the appearance is always appropriate to age and similar to that of other children. Relining or change of denture should be done every one or two years due to pre-adolescent growth in jaw dimensions, wear of acrylic teeth, underextension of dentures and posterior open bite. Franchi et al have reported favourable growth of maxilla and mandible following placement of dentures by conducting a series of cephalometric analysis. To compensate for thin alveolar ridge, Smith and co-workers have placed endosseous implants but effect of long-term presence of implants in growing children is yet to be evaluated.

Considering the importance of early prostodontic management, it is important to instill awareness among parents regarding early management. To ensure early and adequate care, care of a child with ectodermal dysplasia should be managed by a team which will coordinate the diagnosis, treatment and monitor the child’s progress. The team should include a pediatrician, pediatric dentist, prosthodontist, dermatologist, otolaryngologist, speech therapist, psychologist and social worker. Psychotherapy or counseling may be helpful to the entire family in the management and behavioural adjustment of child.

Early diagnosis and dental treatment is vital in restoring the mastication, speech and esthetics in patients with