Enamel hypoplasia is a defect or deficiency in enamel resulting from a disruption in enamel matrix secretion. The quality and quantity of enamel are both affected. Some presentations of enamel hypoplasia include a tooth that is irregular, rough, and/or pitted with an appearance of disoloration. There are various possible causes of enamel hypoplasia. This case report aims to present a unique presentation of enamel hypoplasia in a 25-year-old male. We delve into the literature on what is known regarding enamel hypoplasia and the management of this case.

In the following report, we present an uncommon case of enamel hypoplasia. It is unique both in its presentation and its location. Patient DG has teeth showing both pit type and linear type enamel hypoplasia. We stress the importance of patient management and how best to manage this case.

Patient D.G. is a 25 y/o male who initially presented with two aides to Interfaith Dental Center for a comprehensive exam. His aides state that to their knowledge, D.G. has not undergone previous dental care. The patient's medical history includes: fetal alcohol syndrome, severe intellectual disability, ADHD. The patient is non-verbal. His medications include: Benztropine, Chlorpromazine, Clonidine, Docusate, Famotidine, Gabapentin, Lorazepam, Polyeyleprene glycol, Senna, and Valproic acid. Patient has been in the foster care system from birth and currently lives in a group home for those with intellectual disabilities or severe mental issues. Patient D.G. is under constant care by the facility and require 2 aides with him at all times.

It was determined at this initial visit that the patient must undergo dental treatment under I.V. sedation as the patient was unable to cooperate in the dental chair while awake. After medical clearance was received, the patient underwent comprehensive dental care under I.V. sedation without complications. A full mouth i.

Findings include:
• Enamel hypoplasia of:
  o Mandibular and mandibular premolars (teeth #4, 5, 12, 13, 20, 28, 29)
  o Mandibular and mandibular 2nd molars (teeth #2, 16, 31)
  o Maxillary central incisors (teeth #8, 9)
  o Mandibular canines (teeth #22, 27)
• Generalized moderate chronic periodontitis
• NO signs of active carious lesions

TREATMENT PLAN:
• Affected teeth will be monitored for active signs of caries.
• Since patient is non-verbal, aides were instructed to watch out for signs of discomfort due to caries through changes in patient's behavior such as clutching his face indicating pain, increase in aggressive behavior, or changes in eating habits which might indicate patient being in pain.
• Patient must continue with oral rehabilitation under IV Sedation so patient may be continuously monitored.

Enamel hypoplasia is a common anomaly which presents in many forms. The case report here is a highly unusual presentation of this anomaly which has not previously been reported in the literature. It is important for the general dentist to be aware of the various presentations of enamel hypoplasia and continually monitor these patients as they are at a higher risk for caries development.

References