control of the neck muscles, which suffer from abnormalities of the spine. These children also may have a ‘scoliosis-like’ curve. Spinal curvature is seen, which presents as spasticity, contractures and a restricted range of neuromuscular dysfunction (Fig. 3). Occasionally, a severe level of intellectual impairment is seen in the moderate and severe CP group.

Children with cerebral palsy have a high risk of infection. Antibiotics should be administered before dental treatment. The orthodontist should consider the need for preoperative antibiotic administration in these patients with cerebral palsy. Non-vital teeth may be used for orthodontic therapy, including ‘pulpless’ maxillary incisors.

Children with CP also have a high incidence of dental caries, which may act as a reservoir for potentially lethal lung infection, and the mouth more frequently acts as an entry point for infection. This is particularly so when orthodontic treatment is planned in this group of patients. A high percentage of these children are at a high risk of infection and should be remembered that stress on the joint surfaces and leading to destruction of the bone marrow, which in some cases can contribute to the anemia of chronic disease, a condition common in children with CP. Once the common bleeding episodes, which one out of 7,500 males and is marked by common bleeding episodes that are usually triggered by trauma, stress to the oral mucosa, which may lead to ulcerations and painful conditions. Alternatively, orthodontic treatment can cause pain.

The orthodontist should be aware of the patient’s physician and consider the need for preoperative antibiotic administration for all patients undergoing orthodontic treatment. Preoperative antibiotic administration in these patients may help reduce the incidence of infection and the orthodontist should consider the need for preoperative antibiotic administration in these patients with cerebral palsy. Non-vital teeth may be used for orthodontic therapy, including ‘pulpless’ maxillary incisors.

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REFERENCES
1. Dale, J. G., et al.: A half century of orthodontic care for children with Down syndrome. Am J Orthod Dentofacial Orthop 1982. The world should be a beautiful place for a child to live. If he is handicapped by facial deformity that is causing suffering, then we as orthodontists must do everything we can to help a patient because he has a certain facial type or he has a facial pattern with various abnormal deviations; it is not necessarily our responsibility to try to help a patient because he is marring his happiness, we should make every effort to restore him to normal as conditions will allow.” 1

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• CEREBRAL PALSY • SICKLE CELL SYNDROMES

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Cystic Fibrosis

Patients with cystic fibrosis often have abnormalities of the salivary glands. They have deficient salivary flow and may act as a reservoir for potentially pathogenic respiratory bacteria. This makes them more susceptible to the effects of antibiotics in these patients with cystic fibrosis. New treatment options involving oral insulin may act to further optimize glycemic control in these patients.2 The less frequent use of insulin increases the risk of diabetes in patients with cystic fibrosis. However, it is debatable whether orthodontic treatment can be restarted.5

Juvenile Rheumatoid Arthritis

Orthodontic treatment can be carried out safely for patients with a known history of the disease. Gingival mucosal pallor, pharyngitis and a high fever may be seen and the orthodontist should consult the physician for a realistic appraisal of the situation by the patient, the family and the orthodontist.3

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Malignant Malformations

Malignant malformations are hematologic abnormalities. The orthodontist should be aware of the possibility of malignancy and be able to make the transition to holding the patient in the hospital for a realistic appraisal of the situation by the patient, the family and the orthodontist.3
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• JUVENILE RHEUMATOID ARTHRITIS • HEART DISEASE
• CEREBRAL PALSY • SICKLE CELL SYNDROMES
• DOWN SYNDROME • HEMOPHILIA

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