原文題目(出處):	Management of patient with acrometageria for routine dental treatment: A case report. Spec Care Dentist 2016;36:32-8
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内文:

A. Introduction

- 1. Acrometageria
  - a. Progeroid syndromes
  - b. inheritance is yet to be determined
  - c. Characterize
    - short, thin stature
    - beaked nose
    - atrophy on extremities
    - little subcutaneous fat
  - d. Acrogeria + metageria

Table 1. Clinical manifestations of premature aging syndromes.				
	Acrogeria	Metageria	Acrometageria/This Patient	
Stature	Normal	Tall and thin	Short and thin	
Face	Micrognathia & atrophy of skin on tip of nose	Beaked nose	Micrognathia & beaked nose	
Skin	Atrophy on extremities	Atrophy on limbs	Atrophy on extremities	
Scalp hair	Normal	Fine and thin	Fine and thin	
Eyes	Normal	"Prominent"	Normal	
Nails	Dystrophic and thickened	Normal	Normal	
Limbs	No leg ulcers	Generalized loss of subcutaneous fat	Little subcutaneous fat	
Cardiovascular	Normal	Early atherosclerosis	Normal	
Skeletal	Normal	Normal	Scoliosis	
Metabolic	Normal	Early onset diabetes mellitus	Normal	
Inheritance	Autosomal recessive	Autosomal recessive	Unknown	
Sex incidence	Mostly female	Both equally	Male	
Onset	Birth	Birth	Birth	
Prognosis	Normal lifespan	Dependent on severity of DM and atherosclerosis	Unknown	

- 2. dentistry for special needs patients
  - a. manage patients with unique conditions
  - b. recognizing management options

## B. Case report

1. Medical history

Table 2. Patient information.		
Patient demographic	38-year-old Caucasian male	
	162 cm, 51 kg	
	ASA II	
Medical history	Acrometageria	
	Scoliosis	
	Cataracts	
	Raynaud's syndrome	
	Intellectual disability	
Allergies	Penicillin	
Medications	Denies	
Past surgical history	Orthopedic Hand Surgery for Joint Hypermobility 1993	
	Spondylodesis C3/C4 following Motor Vehicle Accident 2004	
Social history	Denies	
Family history:	Mother: Factor V Leiden Thrombophilia	
	Father: None	

a. Acrometageria

b. Mallampati Class IV

c. Micrognathia

d. decreased mouth opening

e. decreased thyromental distance

f. decreased cervical range

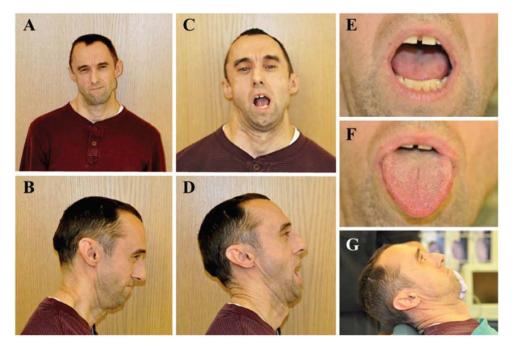




Table 3. Patient	's dental treatment plan.		
Tooth #	Existing restorations	Existing defects	Treatment plan
5	None	D incipient caries	No treatment
14	MO amalgam	MO secondary caries	MO amalgam
15	None	O primary caries	O resin-based composite
19	None	M incipient caries	MO amalgam
21	None	O incipient caries	O resin-based composite
28	None	D primary caries	D resin-based composite
30	DO amalgam	M Caries, O secondary caries	MOD resin-based composite
31	MO amalgam	B primary caries. MO secondary caries	MOB amalgam
Note: Tooth #14 was ev	Note: Tooth #14 was eventually retreatment planned for extraction.		

#### Dental history

- tooth #14 restoration was determined to be unrestorable and treatment planned for extraction
  - father accompanied him and provided encouragement until the patient was sedated
  - tooth #14 extracted and resin restoration of tooth #21 Sedation

### C. Discussion

- 1. Progeroid syndromes
  - a. premature aging and shortened life expectancies
  - b. accelerated aging
  - c. "bird-like" facies, alopecia, craniofacial disproportion, hypodontia, delayed eruption, and dental crowding
- 2. Treatment
  - a. chronological age
  - b. thorough medical history and clinical examination
  - c. specialized dental care

Ooctor-Patient Rapport	Local Anesthesia	Behavioral Support	sychological Support	Vitrous Oxide	Physical Support	Oral Premedication	Mild/Moderate Sedation	Deep Sedation	General Anesthesia
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# TREATMENT OPTIONS CONTINUUM

- d. American Dental Association (ADA)
- e. conditions and associated limitations to treatment

Table 4. Patient's conditions and associated limitations.		
Patient's condition	Patient's associated signs and symp- toms	Considerations for dental treatment
Dental anxiety	Shy, restrained demeanor	Duration of procedure
	Moderate fear of dental treatment	Doctor–patient communication
Acrometageria	Hyperflexible joints	Patient positioning
	Mallampati Class IV	Duration of procedure
	Micrognathia	Inability to sustain mouth opening
	Decreased mouth opening	
	Decreased cervical range of motion	
Scoliosis	Spinal deformity/curvature	Patient positioning
		Duration of procedure
Intellectual disability	Limitations in adaptive functioning	Chronological versus developmental age
		Doctor–patient communication
Trauma/surgical history	C3/C4 spinal fracture and spondylodesis	Patient positioning
		Duration of procedure

1. Denuvioral support techniques		
Table 5. Behavioral su	ipport techniques.	
Behavioral support techniques	Description	
Voice control	Alteration of vocal volume, pace, and intonation to gain patient's attention and influence behavioral direction	
Nonverbal communication	Recognition of nonverbal cues: sensitivity to touch, body language, and facial expressions	
Tell-show-do	Approach of adding sensory demonstration cues (visual, audi- tory, touch, proprioception, etc.) to a simple verbal description of procedure prior to the performance of procedure	
Positive reinforcement	Process of rewarding acceptable/desired behavior with verbal praise, expression, touch, or tokens	
Contingent escape	Offer of momentary cessation of treatment or other positive reinforcers, conditional upon periods of acceptable target behavior	
Distraction	Method of diverting a patient's mental focus to positive thoughts, favorable environmental stimuli, or other stimulating sensory images in an effort to override unpleasant procedures	
Parental presence	Utilization of a parent to increase the patient's psychological comfort and reduce patient anxiety	
Source: Lyons (2009)		

f. Behavioral support techniques

Source: Lyons (2009)

Psychological support

- created a calm work
- Social support
- g. Special Care Dentistry Association rationales for use of sedation and general anesthesia

Table 6. Keys to patient assessment.		
Evaluation factors		
1. Patient's health history and current medical status		
2. Likelihood of procedures being completed successfully		
3. Time and effort required from the patient and health care provider		
4. Cost of contemplated procedures		
5. Risk of side effects of any aspect of treatment		
6. Social environment and support available		
7. Availability of various treatment modalities		
8. Urgency of care for that individual		
Source: Glassman <i>et al.</i> (2009)		

## h. sedation or general anesthesia ■ difficult for endotracheal tube

Table 8. Advantages and	d disadvantages of general anesthesia.
Advantages	Disadvantages
1. Success rate is 100%	1. The patient is unconscious during treatment
2. Patient cooperation is not absolutely necessary	2. The patient's protective reflexes are depressed
3. The patient is unconscious during treatment	3. Vital signs are depressed
4. The patient does not respond to pain	4. Advanced training is required for the person administering GA
5. Amnesia is present after procedure	5. A team of professionals (rather than an individual dentist) is required to provide treatment
6. General anesthesia may be the only technique that will prove successful for certain patients	6. Special anesthesia equipment is required
7. The onset of action of general anesthesia is usually quite rapid	7. A recovery area must be available for postoperative monitoring (a private setting or the dental operatory itself may serve as a recovery room)
8. Titration is possible with the patient receiving smallest volume of drug required	8. Intraoperative and postoperative complications are more common during GA than sedation
	9. It is recommended that patients receiving GA should refrain from drinking clear liquids for at least 2 hours preoperatively and solids and nonhuman milk for at least 6 hours preoperatively
	10. Patients receiving GA may require extensive preoperative evaluation and testing
Source: Malamed (2010)	

- i. barriers to dental patients with special needs
  - insufficient numbers of trained personnel
  - difficulty informed consent
  - lack facilities

## D. Conclusion

- 1. special needs patients is growing
- 2. with proper patient assessment, provider education, and treatment planning consideration, a combination of appropriate support modalities may be utilized in successfully caring for patients with special needs.

題號	題目
1	下列關於 Acrometageria 的敘述何者有誤?
	(A) Acrometageria have been identified as autosomal recessive
	(B) short, thin stature
	(C) atrophy on extremities
	(D) Progeroid syndromes
答案(A)	出處:introduction + table 1
題號	題目
2	哪個不是Behavioral support techniques
	(A) Voice control
	(B) Tell-show-do
	(C) Parental presence
	(D) negative reinforcement
答案(D)	出處:Table 5