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Abstract

Tooth discolouration is a problem that occurs in many children and adults, resulting in lower self confidence and often leading to patients actively seeking treatment in an attempt to improve their dental appearance. Discolouration of the dentition is multifactorial and can be extrinsic and intrinsic in nature. Extrinsic causes are due to the build up of stains from the external environment building upon the teeth while intrinsic causes affect the internal dental structures, causing discolouration from within via absorption of pigment. Intrinsic green discolouration as a result of infant biliary atresia will be considered in this case report, along with treatment planning and subsequent management.

Patient MM attended Glasgow Dental Hospital when she was staining of

The patient attended with her mum who had reported noticing green discolouration on the patients primary and permanent dentition. The patient was not experiencing pain or sensitivity

She was born at 36 weeks and suffered neonatal jaundice and was diagnosed with biliary atresia. She had a successful liver transplant when she was three. She was the youngest of three children, neither of whom had been diagnosed with this condition as neonates. Her medication lists consisted of Tacrolimus (immunosuppressant) , prednisolone (steroid) and mycophenolate mofetil (immunosuppressant).

options carried out, including failed bell glass veneers and then proceeding to vital bleaching and reconsideration of veneer replacement.

Biography:

Sarah has been a qualified dentist since 2017 and has been working Maxillofacial Surgery from 2018-2019 and then on to Research and Restorative Dentistry since 2019 until present.

Speaker Publications:

1. Sarah Clyde, Do Parenting Styles Affect Children's Oral Health in Saudi Arabia? *Cureus* 11(10):e6002.
2. Sarah Clyde, Dental and medical health status and oral health