# Chemotherapy-Treated Children's Delayed Dental Effects: A Case Study

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#### Abstract

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Syphilis, an infectious disease brought on by the bacterium Treponema pallidum, has so far only been found in humans as the only natural host. is microorganism has a positive tropism for a few human organs and tissues, with complex clinical rami cations. Although the genital organs are the primary inoculation site, extragenital areas like the oral cavity and the anal region are also a ected. Transmission occurs primarily through unprotected sexual activity. e intra-uterine (transplacental) route during labor, which leads to congenital syphilis, is another important transmission route[1-4].

Syphilis has three clinical stages. e primary stage is characterized by a single chancre that develops 90 days a er exposure and disappears on its own within two to eight weeks. A rash on several parts of the skin develops during the secondary stage, which takes place between two and twelve weeks a er exposure. When the condition reaches its latent stage, the rash disappears without treatment.

e gummata and/or neurosyphilis that appear three years or more a er exposure are characteristic of the tertiary stage, which is also known as the late phase and is rarely observed today.

Multiple painless aphthous ulcers or irregularly shaped lesions with whitish edges distributed on the oral mucosa and oropharynx, particularly on the tongue, lips, and jugal mucosa, are the most common oral manifestations of syphilis at the secondary stage of the disease. Although oral manifestations of syphilis may be observed at the primary stage, they are more common at the secondary stage. e presence of such sores uctuates broadly, in this way expanding the demonstrative intricacy when the dental specialist isn't as expected able to distinguish stomatological conditions. us, oral appearances of syphilis might be confused with other, more normal oral circumstances, with no early nding or tting treatment. Cancer is the second leading cause of death among children worldwide [5-9].

e endurance paces of patients experiencing youth malignant growths have improved decisively with the appearance of chemotherapy, with endurance paces of life as a youngster tumors revealed at 70%-75%

in certain pieces of Europe and North America. However, children who receive antineoplastic treatment experience a number of long-term side e ects in a variety of organs and systems, including oral complications. Dental anomalies are the most incessant and long haul results of young life disease treatment; these irregularities incorporate microdontia, hypodontia, shortening of roots, modi ed ejection designs, coronal hypocalci cation, early apical conclusion, and a higher occurrence of caries.

e age at diagnosis, the type of chemotherapeutic agent used, and the duration of antineoplastic treatment all have an impact on the frequency and severity of dental abnormalities. Younger children who receive treatment appear to be more severely a ected than older ones.

ese irregularities, albeit not dangerous, may have signi cant rami cations for these youngsters, like tasteful, utilitarian, and occlusal unsettling in uences, and can likewise in uence facial turn of events, therefore a ecting personal satisfaction.

is article plans to record a case representing di erent dental peculiarities optional to chemotherapy in 20 years of age kid who had a past lled with chemotherapy in youth.

is case report has been accounted for in accordance with the Alarm Measures.

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A 20-year-old boy presented to Rabat's center for consultations and dental treatments with pain in his right maxillary roots and a desire to

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Copyright: © G€GHÁÚi}\*ÅŠĖAV@i∘hi∘hæ}A[]^}Ēæ&&^••hæici&|∩häi•clià`c∩åA`}å^!kc@^A c^!{•h[-kc@^AÔ!^æciç^AÔ[{{[}•hŒcclià`ci[}ÅŠi&^}•^ĖA @i&@A]^!{ic+k`}}^•cli&c^åA `•^Ėhǎi•clià`ci[}Ėbæ}åA!^]![å`&ci[}ki}kæ}^A{{^ài`{Êh]![çiå^åkc@^A[!i\*i}æ]kæ`c0[!kæ}àA •[`!&^kæ!^A&!^åic^åÈ

### recover his oral cavity.

e child appeared to be older than he actually was from his appearance. Following the diagnosis of Hodgkin's disease at the age of 6, the patient had undergone chemotherapy, according to the medical record. A er this enemy of disease treatment, the patient has been going for a customary check-ups and has been generally liberated from any side e ects[10].

An ogival palate, numerous harmful lesions, and unsatisfactory overall hygiene were discovered during an intraoral examination. Also in amed was the gingiva. In order to get a general picture of the dental and periodontal structures, a panoramic X-ray was taken. It revealed some dental anomalies, particularly the short roots of the second permanent mandibular molars and the sharp apex of all mandibular premolars. Additionally, it displayed tiny wisdom teeth. e teeth 16 and 26 were extracted, and carious lesions were planned for treatment.

e patient was encouraged to keep up with legitimate oral cleanliness by brushing two times every day and to return for intermittent oral tests[11-13].

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Chemotherapy for children's cancers can result in signi cant side e ects. Dental anomalies are among the most well-known and late impacts of hostile to neoplastic treatment.

Vinblastine, doxorubicin, and cyclophosphamide, the majority of anti-neoplastic medications used to treat cancer in children, disrupt tooth eruption and development due to their cytostatic and cytotoxic e ects on cells involved in odontogenesis.

Abnormalities in number (hypodontia), shape (microdontia, macrodontia, and microdontia), enamel defects (discolorations and hypoplasia), root formation disorders (blunt root, tapering root, and delayed root development), and dental development delay or retained teeth are examples of dental changes.

e seriousness of these impacts on dentofacial structures was viewed as connected with the phase of odontogenesis, age at nding, and sort of treatment performed. e most severe dental defects were found in children treated before the age of ve, indicating that im1rders (b6(3.5(t)-44)4(e m)4 0 -1.2 1 0e age 36ag5(l di10)13(oV0 -1.2 TDn)g ve,4h11(p)12(m)4(en)19(t), a)**£(et)(b6t)315(t)**)43(d)(6.£i401(4)210).(et)

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