the Child Dental Patient with

Shone's Syndrome

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Case Report

Patient A. R., first-born male from a physiological pregnancy. Eutocic delivery. Birth weight 3.2 kg. Neonatal period was normal. Maternal breastfeeding for one month.

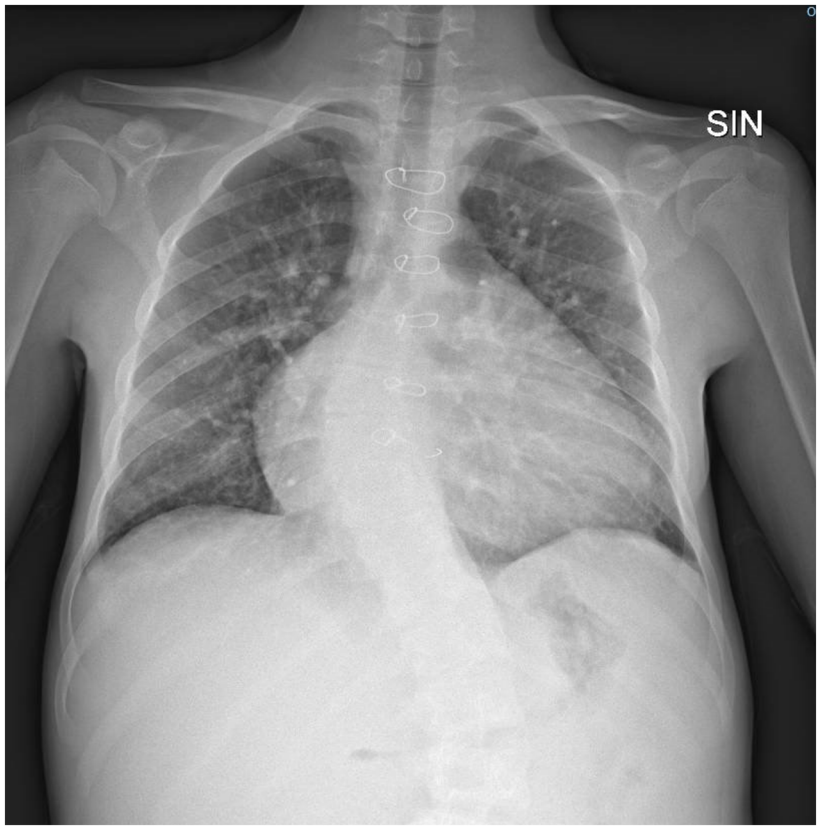
Diagnosis of severe mitral stenosis at three months of age.

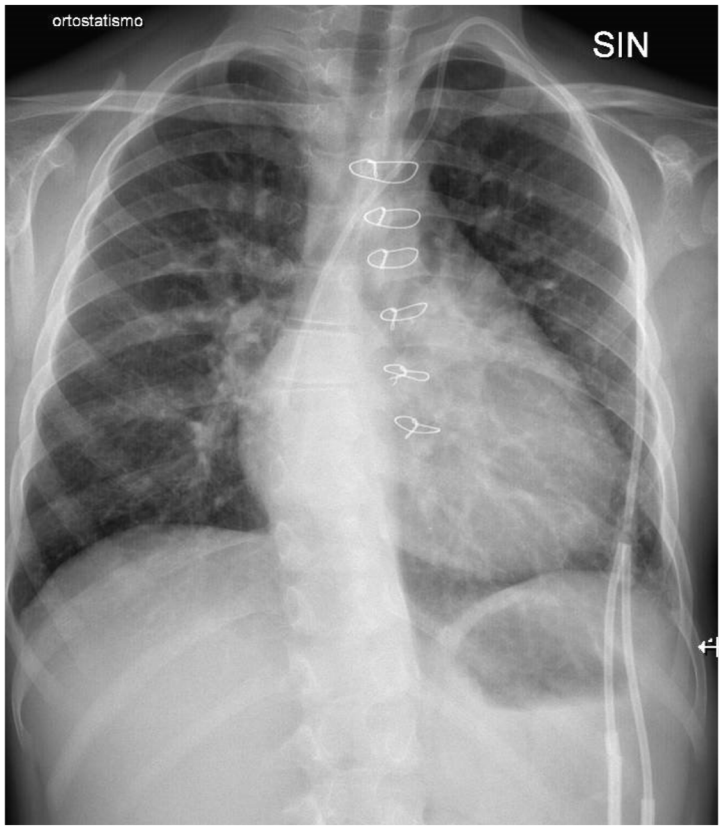
In 2003: mitral valve surgery and closure of the patent ductus arteriosus.

In 2005 and 2006: cardiac catheterization operations.

In 2013: he underwent diagnostic cardiac catheterization to study pulmonary pressures and resistances. Worsening of clinical condition with the need for transfer to intensive care and onset of fever. Antibiotic and antifungal therapy.

In 2020: new catheterization planned.





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Dental Assessment

Late dental diagnosis

From the moment he was diagnosed with severe mitral stenosis at the age of three months, he was not included in a dental *follow-up* pathway.

Halo effect: cognitive bias whereby, in this particular case, parents perceive the underlying heart problem as the only one to be taken into account to the detriment of the dental condition.

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Dental Assessment

Clinical picture:

Cooperating patient, presence of carious lesions on 16, 26, 27, 36, and 46.
Presence of massive plaque and tartar accumulations throughout the oral cavity.
Dental clinical picture characterized by carious pathology and gingival inflammation.

Given the patient's current clinical condition, he can't access outpatient dental services as he is unable to walk. However, in the light of cardiac surgery, dental treatment is indispensable and can't be postponed.

After discussion with the case manager, the most suitable clinical care pathway is then shared:
Instruction in correct home oral hygiene methods;
Performing oral prophylaxis;
Resolution of carious pathology;
Reduction of the oral bacterial load before clearance for cardiac surgery.

This was possible thanks to the multidisciplinary approach, the hospitality of the operating units, and the use of the portable dental unit.

With the portable dental unit, we could perform services directly at the patient's bedside, thus avoiding an additional intervention in the operating theatre just to complete the dental service.

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Operating Protocol

One of the key factors that must emerge in such cases is to educate patients and parents early on about the importance of prevention in dentistry and oral health.

There should be a mutual collaboration between cardiologists and dentists/dental hygienists, who will inform and educate parents at an early stage to guide families to dental care correctly.

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