## Prevalence of Dental Anomalies in Patients with Wolf-Hirschhorn Syndrome Miller TM<sup>1\*</sup>, Pickett K<sup>2</sup>, Flaitz CM<sup>3</sup>, Puranik CP<sup>4</sup>



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#### Introduction

- Wolf Hirschhorn syndrome (WHS, OMIM#19419 syndrome with characteristic crai congenital features.
- Cooper and Hirschhorn in 1961 first described a WHS with defects of midline fusion, low birth weight epilepsy with a genetic deletion on chromosome 4p.
- Wolf et al. in 1965 described a case with similar findings and 'Greek warrior helmet facial appearar forehead, prominent glabella, hypertelorism, the wi continuing to the forehead, high arched ey exophthalmos, short philtrum, and micrognathia).
- WHS is rare with an incidence of 1 in every 20 96,000 live births.
- WHS is two-four times as common in females as in
- There are no studies undertaken in patients with comprehensively evaluate craniofacial and oral findi
- The primary objective was to evaluate all the findings while the secondary objective was to developmental dental anomalies and pathoses (D patients with WHS.

### Methods

- One million electronic medical-dental records of pat 18 years) reporting at Children's Hospital Colorac screened for WHS diagnosis.
- Twenty-six charts identified with WHS diagnosi systematically screened by a calibrated exami medical and dental information including dental an shape, number, position, structure, and **O**<sup>†</sup> developmental anomalies or pathoses.
- Twelve patients with WHS had comprehensively dental findings which were used for descriptive stati

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	Table 1: Demoraphic Infomration from Patients with Wolf-Hirschhorn Syndrome (N=26)		Table 2: Craniofacial, dental anomalies and habits in patients with Wolf-Hirschhorn Syndrome (N=12)		
	] Sex	n (percent)	Extraoral Feat	tures	
		18 (69.2%)	Category	n (norcont)	
90) is a		8 (30.8%)	Microconholy		All the r
niofacial			Dy avairable feel feet wee	12(100%)	speech c
	Atrican American	1 (3.8%)	Dysmorphic facial features	12(100.0%)	had dast
case of	Asian	1(3.8%)	Naxillary prognathism	8 (66.7%)	
aht and	Ethnicity	24 (92.3%)	Mandibular prognathism	1 (8.3%)	
ynt, and		5 (10.2%)	Lip incompetence	4 (33.3%)	_   ■ Two-third
	Non Hispanic	21(80.8%)	Facial Asymmetry	3 (25.0%)	genitouri
genetic	Status		Shape Anomalies		cardiovas
nce' (flat	Deceased	4 (15.4%)	Taurodontism	6 (50.0%)	cases.
ide nose		22 (84 6%)	Pyramidal molars	4 (33.3%)	
yebrows,	Percentile Weight		Dilacerated roots	4 (33.3%)	
	Over 5th percentile	1 (19.2%)	Microdontia	2 (16.7%)	- microcep
0 000 to	Under 5th percentile	21 (80.8%)	Dens Invaginatus	2 (16.7%)	maxillary
0,000 10	Percentile Height		Pulp stones	2 (16.7%)	Microdor
	Over 5th percentile	1 (3.8%)	I ocalized short root anomaly	1 (8.3%)	taurodon
males.	Under 5th percentile	24 (92.3%)	Radiculomedaly	1 (8.3%)	invaginat
WHS to	BMI		Number Anomalies		anomalie
lings.	Over 5th percentile	5 (19.2%)	Hypodontia	6(50.0%)	
medical	Under 5th percentile	21 (80.8%)	Oligodontia		
ovaluato	Cardiovascular System	14 (53.8%)		4(33.3%)	(hypodor
	Microcephaly	26 (100.0%)	Hyperdontia Desitional Areas	(8.3%)	anomalie
DAP) IN	Respiratory System	16 (61.5%)	Positional Anol		occluded
	Muskuloskeletal System	19 (73.1%)	Rotation	3 (25.0%)	(8.3%) te
	Immunological System	2 (7.7%)	Ectopic eruption	2 (16.7%)	
	Endocrine System	5 (19.2%)	Crowding	2 (16.7%)	
ients (1-	Genitourinary System	18 (69.2%)	Infraocclusion	1 (8.3%)	
do woro	Central Nervous System	21 (80.8%)	Distally displaced premolars	1 (8.3%)	This is t
uo were	Peripheral Nervous System	22 (84.6%)	Impacted teeth	1 (8.3%)	dental ar
	Gastrointestinal System	22 (84.6%)	Structural Anomalies		■ \A/bilo th
sis were	Hepatobiliary System	0 (0.0%)	Hvpoplastic teeth	7 (58.3%)	
iner for	Behavioral		Other Developmental Dental Anomalies		reported
nomalies	Otorhinolaryngological System	18 (69.2%)	Bifid mandihular canal	1 (8 3%)	
d other	Hematological	6 (23.1%)	Delayed eruntion	Q (75 0%)	- I
		1 (3.8%)	Non-nutritivo k	ahite	
ronartad					
	Impaired Communcation	25 (96.1%)	Disc		Center for Rese
ISUCS.	Allergies	16 (61.5%)	ILLICA	ວ (41.6%)	University c

# **Children's Hospital Colorado**

### Results

reviewed WHS patients had otorhinolaryngological, or behavioral findings while four-fifths of the patients trointestinal, musculoskeletal, central, or peripheral system findings.

ds of the WHS patients had respiratory and ophthalmological while findings and nary scular findings were documented in about half of the

S patients had positive craniofacial findings including shaly and dysmorphic features while two-thirds had excess.

(83.3%), (66.7%), pyramidal molars tia (50%), dilacerated roots (33.3%), dens tism tus (16.7%), pulp stones (16.7%), and root es (16.7%) were the common shape anomalies.

was a high prevalence of number anomalies ntia:50.0%) while the most common positional es included rotated (25%), ectopic (16.7%), infra-(8.3%), distally displaced (8.3%), or impacted eeth.

### **Highlights and Caveats**

the first study that comprehensively evaluated ~80 nomalies and pathoses in patients with WHS.

e small sample size is a caveat, the majority of the studies have even smaller sample size and limited of dental anomalies and pathoses evaluated.

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