

Anodontia — A Case Report

By: Dr. Paul Bakilana

Dept. of Oral Surgery and Pathology

Summary

A case of partial anodontia has been presented. The Physical and clinical examination have been reviewed and the management of the condition has been discussed.

Introduction

Anodontia implies the absence of teeth and may involve both the deciduous and permanent dentition.

Anodontia may be:—

1. Total which means that all the teeth are missing.
2. Partial in which some teeth are missing.
3. Induced anodontia. This condition could be partial or total and is due to extraction of teeth.
4. Pseudoanodontia — This condition could be partial or total and is due to failure of eruption or teeth.

Report

A 10 year old female child was brought to our outpatient clinic — Department of Oral Surgery and Pathology, Muhimbili Medical Centre by her mother in April, 1982, complaining of failure of eruption of some teeth. The family history was non contributory.

The child was of average physique and well nourished with no significant abnormalities noticed. The general examination showed that

6E	2DE6
6	E6

E	E
	E

were mobile. The oral mucosa was of normal colour.

The vital signs and the results of routine laboratory tests were within normal limits. Sickling test was negative.

Radiographic examination of both jaws showed that $\frac{6E}{6} \mid \frac{2DE6}{E \ 6}$ were present, but other teeth were not seen. In the radiographs studied both jaws were normal. On the basis of physical, clinical and radiographic examination the diagnosis of Treatment planning:—

1. $\frac{E}{\mid} \mid \frac{DE}{E}$ were extracted.

2. 3 months later impressions of both jaws were taken and partial dentures were made for the 10 year old girl.
3. Follow up every 3 months.

Discussion

Anodontia is a rare condition and the main cause is due to failure of odontogenesis i.e. the tooth germ may fail to initiate or initiation may occur but further development of the tooth will be aborted. Other aetiologic factor may be hereditary ectodermal dysplasia. Some investigators advocate that anodontia may be due to early X-ray radiation. Other researchers believe that this condition is evidence of evolutionary trend towards fewer teeth as is seen in some people having no third molars. According to the study of Gratinebe and Granath, maxillary lateral incisors and mandibular lateral incisors and cuspids may miss from the arch. Their findings also showed that there is a correlation between congenitally missing deciduous and their permanent successors. Dr. Ney Du believes that anodontia, is due to failure of odontogenesis. Likewise, in this study we are of the opinion that anodontia was due to failure of odontogenesis.

References

1. Dr. Ney Du. Personal Communication.
Children's Hospital Pectro Borrás, Havana 1979.
2. Bhaskar, S.N. Synopsis of Oral Pathology
The C. V. Mosby Co. St. Louis, 1961.
3. Shafer, W. G. Patologia Bucal
Instituto Cubano del libro 1976.

Life Membership Conferred On Dr. Luhanga

Dr. Clement Luhanga, the immediate Past chairman of the Association, who held the reigns of administration of the Executive Committee of the Association for the first three years since its inception, has resigned from the Dental Faculty. Dr. Luhanga's contribution towards the formation of the Association besides his role in shaping and structuring the Dental Faculty has been significant. In appreciation of his commendable services rendered to Dentistry in Tanzania the Executive Committee of the Association has bestowed life membership of the Association to Dr. Luhanga. The Association wishes Dr. Luhanga success in all his endeavours and hopes that he will maintain a communicating link with the T.D.A.

11th Asian Pacific Dental Congress

The Hong Kong Dental Association and the Asian Pacific Dental Congress will host their 11th Congress in Hong Kong from 5th — 10th November, 1984.

Australian Dental Congress

The 24th Australian Dental Congress will be held in Brisbane from 12th — 17th May, 1985. The Congress will be hosted by the Australian Dental Association. Further information can be obtained from the Congress Secretariat, P.O. Box 29, Parkville, Victoria, Australia, 3052.

★ ★ ★

Warmest felicitations to T.D.A.
from

RASIK LAVINGIA

P. O. Box 1479
Tel. 30997 (Office)
31240 (Res.)
DAR ES SALAAM

Associated with:

1. TANZANIA FURNITURE INDUSTRIES CO. LTD.
2. SWISS WATCH STORE
3. KILIMANJARO CURIO SHOP
4. TANZANIA SPARES & HARDWARE CO.

Resolutions passed by the Tanzania Dental Association at the 1980 Annual

General Meeting

The following resolutions made by the members of the T.D.A. at the 1980 A.G.M. were submitted to the Ministry of Health with a sincere request for a follow up and implementation. The members of the T.D.A. have been imparting Dental services, despite tremendous hardships and limitations. The members feel that by giving a practical shape to the resolutions the Ministry will help engineer a better dental delivery system in the country. The T.D.A. is hopeful that the Ministry will heed its call towards earnest action.

1. Primary Oral Health Care

In order to make "Primary Health Care" successful in the country "Oral Health Care" and other associated programmes should be combined. A consultant and his deputy be appointed in the Ministry of Health who would be responsible for all plans and programmes related to Dentistry in Tanzania. The Consultant ought to liaise between Ministries of Health and Education respectively, University of Dar es Salaam and the office of the Prime Minister.

2. Instruments, Equipment and Dental Materials

The T.D.A. appreciates the "oft emphasised" foreign exchange constraints due to adverse economic conditions. It however, urges the Ministry to at least provide basic items such as Zinc oxide and Eugenol (sedative temporary filling material) and Lignocaine (local anesthetic for extraction of teeth) to all Dental units.

3. Transport

Efficient dental services to the rural areas can only be imparted if transport is provided to the Dental personnel. To cover large distances and for access to villages the Ministry must make appropriate provision for transport.

4. Vacant Posts and Promotion

Vacancies (of different grades) have been left unfilled in the Dental Section. The Ministry is urged to create suitable openings for deserving dental personnel. Promotions have been withheld on account of "decentralisation". The Ministry is requested to note the same and promote deserving dental personnel. The possibility of centralising the Dental section ought to be considered in order to make Primary Oral Health Care effective.

5. In Service Training

There should be an in service training programme for Dental personnel. Seminars should be held as often as is practical at district and regional levels.

6. Textbooks and Journals

The Ministry should make a provision for books (to serve as reference texts) and Dental Journals. This would enable the Dental personnel to keep abreast with latest developments in the field of Dentistry.

7. Post Retirement Activities

For Dental personnel who retire from the Dental services there was need for specific guidelines — from the Ministry — related to their post-retirement activities.

The Tanzania Dental Association will direct its efforts towards the fulfilment of its aims and objectives and will work diligently with regard to the Ministry's directives to create better conditions for dentistry in the country.



B. & S. LTD.

ENGINEERS AND CONTRACTORS,
P. O. Box 2300,
Tel. 44937,
DAR ES SALAAM.

CONVEY THEIR HEARTIEST CONGRATULATIONS TO THE EDITOR, EXECUTIVE COMMITTEE AND MEMBERS OF THE TANZANIA DENTAL ASSOCIATION ON THE HISTORIC OCCASION OF THE PUBLICATION OF THEIR FIRST SCIENTIFIC NEWSLETTER.

MAY THE DENTAL SURGEONS, DENTAL ASSISTANTS AND THE DENTAL TECHNICIANS ENDEAVOUR TO PROVIDE EFFICIENT DENTAL SERVICES TO ALL IN TANZANIA.