

Ichthyosis and Kyphoscoliosis

Suraj Agarwal^{1*} and Achint Garg²

¹Oral Medicine & Radiology, Greater Noida, Uttar Pradesh, India

²Head of Department, ITS Dental College, Oral Medicine & Radiology, Greater Noida, Uttar Pradesh, India

*Corresponding author: Suraj Agarwal, Ex Post Graduate Student of ITS Dental College, Oral Medicine & Radiology, Greater Noida, Uttar Pradesh, India, Tel: +01232225380; E-mail: dr.surajagarwal@yahoo.in

Received date: March 25, 2017; Accepted date: March 26, 2017; Published date: March 31, 2017

Copyright: © 2017 Agarwal S, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited., M.D., M.S.

Clinical Image



Figure 1: Short stature, Ichthyosis.

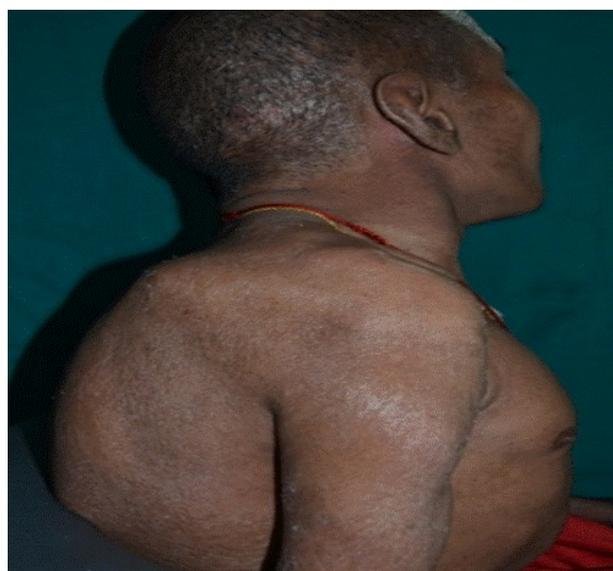


Figure 2: Kyphoscoliosis.



Figure 3: Deformity of bilateral upper and lower limb (spastic paraplegia), nail changes (onychonycosis).



Figure 4: OPG and hand wrist radiograph.



Figure 5: PA skull and lateral spine radiograph.

A 25 year old male patient visited the department of oral medicine and radiology with a chief complaint of multiple decayed and mobile teeth. Detail medical history revealed full term normal vaginal delivery (FTNVD), with history of colloidal membrane at birth, diffuse erythema with fine scaling all over the body since birth (ichthyosis) (Figure 1), itchiness all over the body (pruritis) (Figure 2), loss of hair (alopecia), nail changes (onychonycosis) (Figure 3), inability to walk and deformity of bilateral upper and lower limb (spastic paraplegia) (Figure 4), short stature, mental retardation, ocular changes (photophobia), inadequate speech, phonation, hearing defects,

delayed milestones with delayed development of dentition. On intra oral examination, generalized enamel hypoplasia, generalized mobility, loosening and shedding of teeth with gingivitis and poor hygiene control. On orthopantomogram, decreased bone density, multiple missing teeth with self-exfoliation (history) (Figure 5), microdontia of all the third molars, hypoplastic enamel and dentin and generalized loss of lamina dura. Patient was on Tablet terbinafine 250 mg once a day with topical emollients, keratolytics. Patient had already been diagnose with Sjogren-Larsson Syndrome.