

Treating Throat Problems in Ectodermal Dysplasias

Decreased salivary flow is common in ectodermal dysplasias. As a consequence, individuals may have difficulty with chewing and swallowing.

Drinking large quantities of fluids during and between meals can avert the effects of the diminished salivary flow.

The use of salivary stimulants such as lemon drops may be helpful and can be tried as an initial step. Some stimulants may increase the potential for cavities, so care must be taken in their use. There are several artificial saliva preparations such as Saliment, Saliva substitute, Salivart, and Xerolube available at the present time. Salivart does not employ a preservative, minimizing the possibility of topical irritation or sensitization.

Communication Problems

Communication problems in ectodermal dysplasias may include hearing loss and speech disorders. The problems may be caused by several factors, including abnormalities of the hearing nerves, accumulation of ear wax, abnormalities of the teeth, insufficient lubrication of the throat, or cleft lip and/or palate.

Speech problems may be the result of hearing problems. Since hearing and speech are vital for normal development, you should frequently ask questions about management of problems in these areas.

Evaluating Speech and Language

Children are usually speaking at least two words by the time of their first birthday. By age two years, they say about 20 words and are putting words together in short phrases or sentences of two to three words. If parents feel that their child's speech and language are not developing as rapidly as that of other children of similar age, they should have a speech-language pathologist evaluate their child. This may be done as early as one year of age.

This table illustrates some of the speech problems that may be found in some types of ectodermal dysplasias.

Cause

small or absent teeth
lack of lubrication
cleft Palate
hearing loss

Effect

mispronunciation
hoarseness
hypernasal speech
language problems

Treatment

Teeth are crucially important in the production of many speech sounds. If teeth are missing or abnormally small, abnormal speech sounds or patterns may result. Replacement of missing teeth with full or partial dentures and restoration of normal crown shape are beneficial.

Such dental treatment should begin as early as possible to have optimal effect on speech. Children as young as two years of age can be treated. The American Academy of Pediatrics and the American Dental Association recommends that all children have an examination by a dentist trained in treating children by one year of age.

If hoarseness is present, evaluation of the voice box or larynx by an ear, nose and throat specialist is necessary. Traditional methods of voice therapy for hoarseness may not help, although extra humidification is beneficial in many cases. Irritants such as alcohol, smoke, dust and other forms of air pollution act as drying agents and should be avoided.

If the speech has a hypernasal sound, evaluate the person for the presence of cleft palate or submucous cleft

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palate. A submucous cleft palate may be difficult to identify. If the palate is intact, it still may not close normally against the back of the throat to direct air through the mouth (velopharyngeal insufficiency). Surgery may be needed to correct these physical defects.

Regardless of the cause, even a mild hearing loss may lead to speech delay and slow language development. Medical or surgical treatment or use of a hearing aid may alleviate the problem and assist in speech and language development.

To correct these four problems (articulation errors, hoarseness, hypernasal speech, language delay), speech and language therapy is generally required. You can obtain information on the availability of speech therapy services from your physician, local school district or local medical institution. Remember, however, not all children with ectodermal dysplasias have speech problems.

The content of this document is for informational purposes only. Questions regarding specific patient issues should be directed to the appropriate professionals for resolution.