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Review Article

A Review on Orofacial Syndromes Associated With Head and Neck Region - Part I

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ABSTRACT:

Objectives: A syndrome is a condition presenting with a collection of signs & symptoms reflecting the presence of disease. Many syndromes have overlapping clinical and oral manifestations, and diagnostic uncertainty is frequently observed during clinical practice. Thorough basic knowledge about various orofacial syndromes would help us in diagnosis and perform successful management for patients. This paper briefly reviews various syndromes associated with the orofacial region.

Methods: This study reviews on clear detailed representation of syndromes from original articles, overviews, case reports and reviews. **Results:** Several relevant reports were identified and collected to enlist the list of syndromes associated with craniofacial manifestations. **Conclusion:** This article is constructed to help the health care providers to understand and aid in the diagnosis to provide an optimal personalized care for individuals.

Keywords: Syndromes, Clinical features, Oral manifestations.

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INTRODUCTION

Syndrome is a condition characterized by “a set of signs and symptoms that tend to occur and reflect the presence of a particular disease or an increased chance of developing to a particular disease”. They are caused by chromosomal anomalies, single gene mutations, teratogens, or other causes. There is a wide spectrum of syndromes associated with orofacial region and thorough knowledge of their manifestation & implication is pertinent for diagnosis to provide an optimal personalized care with an integral approach. ¹ This article aims to provide an update on genetics, general features and oral & craniofacial manifestation of orofacial syndromes for early diagnosis.

OBJECTIVES

To enlist the various syndromes associated with head and neck region.

To provide a brief outline on etiopathogenesis, clinical features and oral manifestations.

MATERIALS & METHODS

Search Strategy

A systematic review from pertinent English literature was performed using Medline (through <http://www.ncbi.nlm.nih.gov/pubmed/>). For this, a thorough literature search was carried out both manually and electronically. The databases PubMed and Google Scholar were searched using MeSH entry terms mixed with Boolean phrases ‘AND’ or ‘OR’. The reference

sections of identified manuscripts were also explored for relevant reports and additional information. Clear representation of the available insights regarding the topic of interest were done

Data collection and Extraction

The basic search included mainly original articles, overviews, case reports and reviews. Articles not relevant to the topic of interest were excluded. After completing the search, the selected documents were summarized and categorized based on the topic and its implications.

RESULTS

Several relevant reports were identified and collected to enlist the list of syndromes associated with craniofacial manifestations. The following is a broad overview of the etiopathogenesis, clinical and oral manifestations of orofacial syndromes. A detailed summary of syndromes are provided to assist the health care professionals to diagnose and construct an effective treatment plan.

SYNDROMES

Acute chest syndrome²

Etiopathogenesis (E/P): due to sickling in small blood vessels in the lungs causing a pulmonary infarction/emboli or viral or bacterial pneumonia

Clinical features (C/F): chest pain, cough, fever, hypoxia (low oxygen level) and lung infiltrates.

Oral manifestation (O/M): aseptic pulpal necrosis, mucosal damage, dental eruption delays, bone pain and osteomyelitis of the maxilla, and oral neuropathies

Acquired immunodeficiency syndrome²

E/P: the most common life threatening condition caused Human Immunodeficiency Virus that damages the CD4 T lymphocytes interfering the body's ability to fight the organism.

C/F: Affected patients are severely immunocompromised where they are vulnerable to pneumonia, tuberculosis, oral thrush, cryptococcal meningitis and toxoplasmosis.

O/M: xerostomia, candidiasis, oral hairy leukoplakia, periodontal diseases such as linear gingival erythema and necrotizing ulcerative periodontitis, Kaposi's sarcoma, human papilloma virus associated warts, and ulcerative conditions including herpes simplex viral infection.

APECED syndrome²

E/P: inherited autoimmune disorder caused due to mutation of AIRE gene

C/F: hypoparathyroidism, adrenal gland insufficiency, vitamin B12 deficiency

O/M: enamel hypoplasia, sjogren syndrome, chronic mucocutaneous candidiasis.

Apert syndrome²

E/P: developmental deformity caused due to mutation of FGFR2 gene

C/F: Craniosynostosis, midface hypoplasia, syndactyly, hyperhidrosis, exophthalmos, hypertelorism, downslanting palpebral fissures, strabismus, ocular proptosis

O/M: cleft palate, missing and crowded teeth.

Ascher syndrome²

E/P: autosomal dominant disorder of unknown origin

C/F: Blepharochalasia, non-toxic thyroid enlargement

O/M: double lip.

Ataxia telangiectasia syndrome or Louis Bar syndrome³

E/P: due to mutation of ATM gene which is responsible to recognize DNA damage

C/F: developmental difficulty in walking, problems with balance and hand coordination, involuntary jerking movements (chorea), muscle twitches (myoclonus), and disturbances in nerve function (neuropathy) poor growth pattern and dysphagia

O/M: recurrent aspiration of oral secretion

Behcets syndrome⁴

E/P: a multisystem disease of autoimmune origin associated with HLA B51/B5 gene

C/F: uveitis, genital ulcers, erythema nodosum, arthritis, epididymitis

O/M: aphthous stomatitis.

Beckwith Wiedemann syndrome⁵

E/P: chromosomal abnormality caused by imprinting errors in 11p15 chromosome

C/F: omphalocele, umbilical hernia, visceromegaly, hypoglycemia. It has high risk to develop Wilm's tumor and hepatoblastoma.

O/M: macroglossia, macrosomia and facial hemihyperplasia.

Bloom syndrome⁶

E/P: chromosomal disorder caused due to mutation of BLM gene in chromosome 15 which maintains structural integrity of DNA

C/F: short stature, high pitch voice, skin rashes, polydactyly, infertility

O/M: micrognathia.

Cartilage hair syndrome⁷

E/P: due to mutation of RMRP gene

C/F: dwarfism, hypotrichosis, immune deficiency.

O/M: candidiasis, micrognathia.

Chediakhigashi syndrome⁸

E/P: due to mutation of LYST gene

C/F: Oculocutaneous albinism, peripheral neuropathy

O/M: periodontal disease

***Cri du chat syndrome*⁹**

E/P: chromosomal abnormality caused due to deletion of short arm of chromosome 5

C/F: round face with broad nasal bridge, hypertelorism, microcephaly, malformed ears, laryngeal hypoplasia and mental retardation.

O/M: micrognathia, malocclusions, high but rarely cleft palate, anterior open bite, poor oral hygiene, enamel hypoplasia, chronic periodontitis, and retardation of tooth eruption

***Cockayne syndrome (Neill-Dingwall syndrome)*¹⁰**

E/P: due to mutation in ERCC6 gene.

C/F: microcephaly, progeria, increased photosensitivity, developmental delay

O/M: delayed tooth eruption and malocclusion

***Cohen syndrome*¹¹**

E/P: due to mutation of COH1 gene.

C/F: retinal dystrophy, developmental delay, hypotonia, microcephaly.

O/M: high arch palate, micrognathia and short philtrum

***Cowden syndrome*¹²**

E/P: due to mutation of PTEN gene.

C/F: Hamartomas, cutaneous papillomatosis, trichilemmomas,

O/M: oral fibromas and nodular gingival hyperplasia

***CREST syndrome*¹³**

E/P: an autoimmune multisystem disease resulting in excess collagen production.

C/F: combination of Calcinosis, Raynaud's phenomenon, esophageal dysmotility, sclerodactyly, and telangiectasia.

O/M: microstomia, xerostomia, pseudoankylosis, widening of the periodontal ligament space, loss of mobility of tongue, mask like facial appearance.

***Crouzon syndrome*¹⁴**

E/P: Craniosynostosis caused due to mutation of FGFR2 gene

C/F: Dolicofacial growth pattern with Frontal bossing, midfacial hypoplasia, shallow orbit, mental retardation, hypertelorism, strabismus, proptosis.

O/M: Narrow, high, or cleft palate, bifid uvula, oligodontia, macrodontia, peg-shaped teeth with a characteristic beaten copper skull radiographic appearance.

***Coffin Lowry syndrome*¹⁵**

E/P: Mutation in RSK2 gene

C/F: Intellectual disability, osteopenia, growth retardation, delay in psychomotor development, Frontal bossing, hypertelorism, downward sloping of palpebral fissure,

O/M: high narrow palate, open bite, peg shaped incisors

***Dunnigan syndrome*¹⁶**

E/P: Mutation of LMNA gene

C/F: Dyslipidemia, Muscle hypertrophy, cushingoid appearance, acanthosis nigricans, PCOS, diabetes

O/M: periodontal disease

***Down syndrome*¹⁷**

E/P: common malformation syndrome caused due to trisomy 21

C/F: characteristic facial appearance of brachycephaly, midfacial hypoplasia, flattened nasal bridge with mongoloid palpebral fissure slant. There is intellectual disability, hypotonia, delayed development & behavioural changes

O/M: mouth breathing, open bite, enlarged & fissured tongue, drooling, malocclusion, low caries index and poor oral hygiene.

***Eagle syndrome*¹⁸**

E/P: elongation of styloid process or calcification of stylohyoid ligament

C/F: difficulty in swallowing glossopharyngeal neuralgia, cluster headache, tinnitus, otalgia,

O/M: Shooting pain in jaw, base of tongue, myofascial pain dysfunction

***Ehlers danlos syndrome*¹⁹**

E/P: an inherited collagen disorder caused due to mutation of COL5A1, COL5A2, and tenasin-X genes resulting in defective production & processing of collagen.

C/F: joint hypermobility, hypotonia, skin hyperextensibility, tissue fragility with extensive scarring.

O/M: increased mucosal fragility, hypermobility of TMJ, periodontitis, hypodontia, abnormal dentin & pulp structure, gorlin's sign, absence of frenum.

***Ellis van crevald syndrome*²⁰**

E/P: EVC gene mutation responsible for patterning of many parts of the body

C/F: dwarfism, polydactyly, ectodermal dysplasia

O/M: microdontia, enamel hypoplasia, delayed tooth eruption, malocclusion, taurodontism

***Frey syndrome*²¹**

E/P: Due to aberrant reinnervation of postganglionic parasympathetic fibres of auriculotemporal nerve to salivary gland and overlying skin.

C/F: gustatory flushing, sweating, burning, neuralgia, and itching.

***Gardner syndrome*²²**

E/P: due to mutation of APC gene which leads to uncontrolled cell growth in the form of polyps, tumors and cancers

C/P: colonic polyposis, osteomas, epidermoid cysts, desmoid tumours

O/M: odontomas, supernumerary teeth, hypodontia, abnormal tooth morphology, impacted or unerupted teeth

Goldenhar syndrome²³

E/P: autosomal dominant disorder characterized by incomplete development of nose, ear, soft palate & jaw

C/F: microphthalmia, microtia, epibulbar dermoids, scoliosis, hydrocephalus

O/M: microdontia, hemifacial macrosomia, mandibular hypoplasia, cleft lip & palate, malocclusion.

Gorlingoltz syndrome²⁴

E/P: mutation of PTCH gene.

C/F: ovarian fibroma & cyst, spina bifida, macrocephaly, frontal bossing, hypertelorism, basal cell carcinoma, hydrocephalus, meningioma, polydactyly.

O/M: multiple OKC, high arch palate, impacted teeth, coronoid hyperplasia

Haim munk syndrome²⁵

E/P: disorder caused due to mutation in the lysosomal protease cathepsin C gene

C/F: almpolantar hyperkeratosis, onychogryphosis, pes planus, arachnodactyly and acro-osteolysis

O/M: aggressive periodontitis with severe alveolar bone destruction.

Hanhart syndrome²⁶

E/P: tyrosine aminotransferase enzyme deficiency syndrome

C/F: telecanthus, ocular changes, palmo-plantar hyperkeratosis.

O/M: microstomia, micrognathia, hypoglossia, cleft palate, clefting of tongue and hypodontia.

Heerfordt Waldenstrom syndrome²⁷

E/P: is sarcoidosis associated disease

C/F: facial palsy, epineural granulomas and perineural inflammatory infiltrates of cranial nerve VII

O/M: parotid gland enlargement and anterior uveitis.

Herman syndrome²⁸

E/P: mutation in HPS1 gene preventing the formation of lysosome related organelles

C/F: oculocutaneous albinism, decreased pigmentation, pulmonary fibrosis, granulomatous colitis

O/M: odontoma

Hurler syndrome²⁹

E/P: due to deficiency of Alpha-L-iduronidase enzyme

C/F: macrocephaly, cardiomyopathy, hearing loss, developmental delay, short stature.

O/M: Macroglossia, hypoplastic teeth, impacted teeth associated with developmental cysts.

Hyperparathyroidism jaw tumour syndrome³⁰

E/P: due to mutation of CDC73 gene.

C/F: Hypercalcemia, parathyroid adenoma, hamartomas, Wilms tumour, parathyroid carcinoma, renal & uterine tumours

O/M: ossifying fibroma

Jaffe lichenstein syndrome³¹

E/P: Mutation in GNAS1 gene results in overactive G protein triggering abnormal proliferation of melanocytes, osteoblasts & endocrine glands

C/F: Expansion of bone, proptosis, vertical dystopia, café au lait spots

O/M: Polyostotic fibrous dysplasia

Kabuki syndrome³²

E/P: Mutation in KMT2D and KDM6A

C/F: Everted eyelids, strabismus, blue sclera, ptosis, lip pits

O/M: High arch palate, micrognathia, malocclusion, microdontia,

Kallmann syndrome³³

E/P: Deficiency of gonadotrophin releasing hormone

C/F: cryptorchidism, micropenis, or associated non-reproductive signs or at the time of puberty,

O/M: Retrognathia of both jaws, cleft palate, tooth agenesis, microdontia,

Kleinfelter syndrome³⁴

E/P: Extra copy of X chromosome

C/F: Tall stature, cognitive retardation, infertility, small testicles, gynecomastia,

O/M: Macrodonia, dental agenesis, taurodontism

Kostmann syndrome³⁵

E/P: Autosomal recessive disorder

C/F: Congenital neutropenia, mild splenomegaly, moderate thrombocytopenia, osteoporosis, and malignant transformation into myelodysplasia (MDS)/leukemia.

O/M: Oral ulcers, periodontal disease, early loss of permanent teeth

Larsen syndrome³⁶

E/P: Mutation in FLNB gene

C/F: Club feet, dislocation of hip elbow, frontal bossing, mid face hypoplasia, kyphosis or scoliosis, hydrocephalus

O/M: Cleft palate

Leopard syndrome³⁷

E/P: Mutation in PTPN11 gene

C/F: Lentigines, electrocardiographic conduction defect, ocular hypertelorism, pulmonary stenosis, short stature, deafness

O/M: Agenesis of permanent teeth, osseous hypodevelopment

Leschnyan syndrome³⁸

E/P: Mutation in HPRT1 gene
C/F: Involuntary muscle movement, neurological impairment, gouty arthritis,
O/M: Oral self mutilation

Lofgrens syndrome³⁹

E/P: Acute form of sarcoidosis
C/F: erythema nodosum, bilateral hilar lymphadenopathy (BHL), and polyarthralgia or polyarthritis
O/M: Oral sarcoid granulomas, ulcers, nodular growth

Maffuci syndrome⁴⁰

E/P: Mutation in IDH1 gene
C/F: Multiple enchondromas, hemangiomas, phlebolith, lymphangioma, short stature, underdeveloped muscles
O/M: Hemangioma

MAGIC syndrome⁴¹

E/P: Autoimmune disorder (HLA-DR4)
C/F: Genital ulcers, relapsing polychondritis, myelodysplasia, arthritis, uveitis
O/M: Oral ulcers

Marfan syndrome⁴²

E/P: Inherited disorder, Mutation in FBN1 gene
C/F: Flexible joints, scoliosis, ectopia lentis, aneurysms
O/M: dolichocephaly, frontal bossae, prominent supraorbital ridges, malar hypoplasia, long and narrow face, retrognathic jaw, skeletal malocclusion, hypermobility of the temporomandibular joint

Mazabraud syndrome⁴³

E/P: Mutation of GNAS1 gene results in overactive G protein triggering abnormal proliferation of melanocytes, osteoblasts & endocrine glands
C/F: Intramuscular myxomas, café au lait spots
O/M: Polyostotic Fibrous dysplasia

Mccune Albright syndrome⁴⁴

E/P: Mutation of GNAS1 gene results in overactive G protein triggering abnormal proliferation of melanocytes, osteoblasts & endocrine glands
C/F: cafe au lait spots, endocrinal dysfunction
O/M: Polyostotic Fibrous dysplasia

Melkersonrosental syndrome⁴⁵

E/P: Unknown origin
C/F: Facial palsy
O/M: Granulomatous cheilitis, fissured tongue

Mikulicz syndrome⁴⁶

E/P: rare chronic condition characterized by the abnormal enlargement of glandular tissue
C/F: Enlargement of lacrimal gland
O/M: Enlargement of salivary gland

Mohr syndrome⁴⁷

E/P: Autosomal recessive disorder
C/F: polydactyly of hands and feet
O/M: median cleft lip, poly lobed tongue, absence of medial incisors

Mobius syndrome⁴⁸

E/P: Rare congenital disorder caused due to vascular interruption in the subclavian artery territory, infections, hyperthermia, trauma, and teratogens
C/F: Sucking impairment, excess drooling, orofacial dysmorphism
O/M: High arch & cleft palate, hypoplastic upper lip, tooth agenesis, short & fissured tongue

Muir Torre Syndrome⁴⁹

E/P: Autosomal dominant - Germ-line mutations in hMSH2 and hMLH1 genes - alteration or inactivation of tumor suppressor genes.
C/F: At least a single sebaceous gland tumor (sebaceous adenoma, sebaceous carcinoma, sebaceoma (sebaceous epitheliomas) and keratoacanthoma (KA) with sebaceous differentiation.) And a minimum of one internal malignancy (colorectal, genitourinary, breast carcinoma, hematological disorders, endometrial carcinoma, and rarely gastric carcinoma).
O/M: Salivary gland tumors, Keratoacanthoma.

Murray–Puretic–Drescher syndrome / Juvenile hyaline fibromatosis / Fibromatosis hyalinica multiplex juvenilis / Systemic hyalinosis⁵⁰

E/P: Autosomal recessive disease – mutant gene - 4q21- Abnormal biosynthesis of glycosaminoglycans and collagen III- VI
C/F: Papules distributed around the nose, the ears, in the genital area and on the thighs, Excessive skin stretching, progressive joint involvement, joint contractures and cutaneous thickening
O/M: Gingival hypertrophy

REFERENCES

1. N ShyamSundar, Rama Raju. Orofacial syndromes : A Review. Journal of Indian Academy of Oral medicine & Radiology, July-September 2011;2(3):S382-385
2. Genetic Home references
3. Rothblum-Oviatt C, Wright J, Lefton-Greif MA, McGrath-Morrow SA, Crawford TO, Lederman HM. Ataxia telangiectasia: a review. Orphanet journal of rare diseases. 2016 Dec;11(1):159.
4. Kokturk A. Clinical and pathological manifestations with differential diagnosis in Behçet's disease. Pathology research international. 2012;2012.
5. Abeleira MT, Seoane-Romero JM, Outumuro M, Caamaño F, Suárez D, Carmona IT. A multidisciplinary approach to the treatment of oral manifestations associated with Beckwith-Wiedemann syndrome: a long-term case report. The Journal of the American Dental Association. 2011 Dec 1;142(12):1357-64.
6. Cunniff C, Bassetti JA, Ellis NA. Bloom's syndrome: clinical spectrum, molecular pathogenesis, and cancer

- predisposition. *Molecular syndromology*. 2017;8(1):4-23.
7. Notarangelo LD, Roifman CM, Giliani S. Cartilage-hair hypoplasia: molecular basis and heterogeneity of the immunological phenotype. *Current opinion in allergy and clinical immunology*. 2008 Dec 1;8(6):534-9.
 8. Karabel M, Kelekçi S, Şen V, Karabel D, Aliosmanoğlu Ç, Söker M. A rare cause of recurrent oral lesions: Chediak-Higashi syndrome. *Turkish Journal of Hematology*. 2014 Sep;31(3):313.
 9. Kaurani P, Marwah N, Kaurani M, Padiyar N. Ehlers Danlos Syndrome—A Case Report. *Journal of clinical and diagnostic research: JCDR*. 2014 Mar;8(3):256
 10. National center for Advancing Translational sciences
 11. Wikipedia
 12. Reddy KV, Anusha A, Maloth KN, Sunitha K, Thakur M. Mucocutaneous manifestations of Cowden's syndrome. *Indian Dermatol Online J* 2016;7:512-5
 13. Jagadish R, Mehta DS, Jagadish P. Oral and periodontal manifestations associated with systemic sclerosis: A case series and review. *Journal of Indian Society of Periodontology*. 2012 Apr;16(2):271.
 14. Padmanabhan V, Hegde AM, Rai K. Crouzon's syndrome: A review of literature and case report. *Contemporary clinical dentistry*. 2011 Jul;2(3):211.
 15. Pereira PM, Schneider A, Pannetier S, Heron D, Hanauer A. Coffin–Lowry syndrome. *European Journal of Human Genetics*. 2010 Jun;18(6):627.
 16. Wikipedia
 17. Kherlen Ponkhoon, Uranchimeg Bayarmagnai, Sarantuya Jay, Munkhtuya Tumurkhuu Cent Asian J Med Sci 2017 Jun;3(2):116-22
 18. Arora V, Shetti A, Keluskar V. Eagle syndrome: A review of current diagnostic criteria and evaluation strategies. *Journal of Indian Academy of Oral Medicine and Radiology*. 2008 Jan 1;20(1):1.
 19. Tulika W, Kiran A. Ehlers-Danlos syndrome. *Journal of Dental Research and Review*. 2015 Jan 1;2(1):42.
 20. Kalaskar R, Kalaskar AR. Oral manifestations of Ellis-van Creveld syndrome. *Contemporary clinical dentistry*. 2012 Apr;3(Suppl1):S55.
 21. Motz KM, Kim YJ. Auriculotemporal syndrome (Frey syndrome). *Otolaryngologic Clinics of North America*. 2016 Apr 1;49(2):501-9.
 22. Basaran G, Erkan M. One of the rarest syndromes in dentistry: gardner syndrome. *European journal of dentistry*. 2008 Jul;2(3):208-12.
 23. Martelli-Júnior H, Miranda RT, Fernandes CM, Bonan PR, Paranaíba LM, Graner E, Coletta RD. Goldenhar syndrome: clinical features with orofacial emphasis. *Journal of Applied Oral Science*. 2010 Dec;18(6):646-9.
 24. Thomas N, Vinod SV, George A, Varghese A. Gorlin–Goltz syndrome: An often missed diagnosis. *Annals of maxillofacial surgery*. 2016 Jan;6(1):120.
 25. Pahwa P, Lamba AK, Faraz F, Tandon S. Haim-Munk syndrome. *Journal of Indian Society of Periodontology*. 2010 Jul;14(3):201.
 26. Maji B, Dhar S, Ghosh A, Basu S. Richner-Hanhart Syndrome: A case report of an 11 month old female. *Sri Lanka Journal of Child Health*. 2013 Dec 15;42(4).
 27. Denny MC, Fotino AD. The Heerfordt-Waldenström syndrome as an initial presentation of sarcoidosis. In *Baylor University Medical Center Proceedings* 2013 Oct 1 (Vol. 26, No. 4, pp. 390-392). Taylor & Francis.
 28. Berber I, Erkurt MA, Kuku I, Kaya E, Koroglu M, Nizam I, Gul M, Bentli R. Hermansky-pudlak syndrome: a case report. *Case reports in hematology*. 2014;2014
 29. Sharma S, Sabharwal JR, Datta P, Sood S. Clinical manifestation of Hurler syndrome in a 7 year old child. *Contemporary clinical dentistry*. 2012 Jan;3(1):86.
 30. Du Preez H, Adams A, Richards P, Whitley S. Hyperparathyroidism jaw tumour syndrome: a pictorial review. *Insights into imaging*. 2016 Dec;7(6):793-800.
 31. Maggi N. Albright syndrome and Jaffe-Lichtenstein disease. *Rivista di chirurgia e medicina*. 1950 Oct;2(10):629.
 32. Matsune K, Shimizu T, Tohma T, Asada Y, Ohashi H, Maeda T. Craniofacial and dental characteristics of Kabuki syndrome. *American journal of medical genetics*. 2001 Jan 15;98(2):185-90.
 33. BAILLEUL-FORESTIER IS, Gros C, Zenaty D, Bennaceur S, Leger J, de Roux N. Dental agenesis in Kallmann syndrome individuals with FGFR1 mutations. *International journal of paediatric dentistry*. 2010 Jul;20(4):305-12
 34. Scheidt L, Sanabe ME, Diniz MB. Oral, physical, and behavioral aspects of patient with chromosome 47, XYY syndrome. *Journal of Indian Society of Pedodontics and Preventive Dentistry*. 2015 Oct 1;33(4):347.
 35. Zeidler C, Welte K. Kostmann syndrome and severe congenital neutropenia. In *Seminars in hematology* 2002 Apr 1 (Vol. 39, No. 2, pp. 82-88). WB Saunders.
 36. Sajjani AK, Yiu CK, King NM. Larsen syndrome: a review of the literature and case report. *Special Care in Dentistry*. 2010 Nov;30(6):255-60.
 37. Yam AA, Faye M, Kane A, Diop F, Coulybaly-Ba D, Tamba-Ba A, Mbaye NG, Ba I. Oro-dental and craniofacial anomalies in LEOPARD syndrome. *Oral diseases*. 2001 May;7(3):200-2.
 38. Campolo AG, Vargas AD, Fontboté DR, Hernández MC. Oral self-mutilation in Lesch-Nyhan Syndrome. *Case Report. Revistachilena de pediatria*. 2018 Feb;89(1):86-91.
 39. Byun CW, Yang SN, Yoon JS, Kim SH. Lofgren's Syndrome-acute onset sarcoidosis and polyarthralgia: a case report. *Annals of rehabilitation medicine*. 2013 Apr;37(2):295.
 40. Lotfi A, Moshref M, Varshosaz M, Jaber-Ansari S, Ghafouri A. Maffucci's syndrome with oral manifestations. *Archives of Iranian Medicine (AIM)*. 2009 Jul 1;12(4).
 41. Pak S, Logemann S, Dee C, Fershko A. Breaking the magic: mouth and genital ulcers with inflamed cartilage syndrome. *Cureus*. 2017 Oct;9(10).
 42. Sinha A, Kaur S, Raheel SA, Kaur K, Alshehri M, Kujan O. Oral manifestations of a rare variant of Marfan syndrome. *Clinical case reports*. 2017 Sep;5(9):1429.
 43. Munksgaard PS, Salkus G, Iyer VV, Fisker RV. Mazabraud's syndrome: case report and literature review. *Actaradiologica short reports*. 2013 May 31;2(4):2047981613492532.
 44. Aravinda K, Ratnakar P, Srinivas K. Oral manifestations of McCune-Albright syndrome. *Indian journal of endocrinology and metabolism*. 2013 Jan;17(1):170.
 45. Rogers 3rd RS. Melkersson-Rosenthal syndrome and orofacial granulomatosis. *Dermatologic clinics*. 1996 Apr;14(2):371.
 46. Rao D, Natter P, Fernandes R, Wang ZB, Sandhu SJ. A case report of Mikulicz syndrome. *Journal of radiology case reports*. 2017 Jul;11(7):1.

47. Sakai N, Nakakita N, Yamazaki Y, Ui K, Uchinuma E. Oral-facial-digital syndrome type II (Mohr syndrome): Clinical and genetic manifestations. *Journal of Craniofacial Surgery*. 2002 Mar 1;13(2):321-6.
48. Verzijl HT, van der Zwaag B, Cruysberg JR, Padberg GW. Möbius syndrome redefined: a syndrome of rhombencephalicmaldevelopment. *Neurology*. 2003 Aug 12;61(3):327-33.
49. Higgins HJ, Voutsalath M, Holland JM. Muir-Torre syndrome: a case report. *The Journal of clinical and aesthetic dermatology*. 2009 Aug;2(8):30.
50. Sciubba JJ, Niebloom T. Juvenile hyaline fibromatosis (Murray-Puretic-Drescher syndrome): oral and systemic findings in siblings. *Oral surgery, oral medicine, oral pathology*. 1986 Oct 1;62(4):397-409.