WHAT CAN I DO?
Visit your dentist or doctor for advice to improve calcification of both the teeth and periodontium.

Useful Tips

Oral and dental hygiene
- Due to the sensitivity of your teeth, you should take extra care of your dental hygiene.
- Choose a soft-bristled toothbrush and an age-appropriate fluoride toothpaste.
- If brushing is painful, ask your dentist for possible solutions.

A balanced diet – monitor your sugar consumption
- The bacteria that cause abscesses feed on sugar. You should monitor and reduce your sugar consumption and brush your teeth after sugary snacks.

Regular appointments with your dentist
- Have regular dental check-ups (2-4 times a year) for prevention and early treatment of any problems.
- 6-monthly periodontal follow-up is essential for all adults.

Additional preventative measures
- Ask your dentist about night-time retainers and sealants for the grooves in your teeth.
- Your dentist, in agreement with your doctor, may provide you with orthodontic treatment and implants.

WHO TO CONTACT ABOUT XLH?
More information and resources

International XLH Alliance
https://xlhalliance.org

Reference:
Clinical practice recommendations for the diagnosis and management of X-linked hypophosphataemia.

* The knowledge of XLH has improved, but some points remain unclear and unexplained. The above differences may not be found in all individuals and different combinations are possible.
**TEETH: WHAT SHOULD I KNOW?**

*How are teeth of XLH patients different?*

Patients with XLH have an increased risk of developing periodontal disease with more severe consequences, such as premature tooth loss, even in young adults.

You may develop infections in the bone around the teeth, without any clinical or X-ray changes (no cavities or injury), contrary to what is conventionally observed. The barrier function of the enamel and dentine is compromised and bacteria can easily reach the pulp.

**WHAT DOES THIS MEAN FOR ME?**

*“Spontaneous” abscesses are a common dental consequence associated with XLH*

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You may develop infections in the bone around the teeth, without any clinical or X-ray changes (no cavities or injury), contrary to what is conventionally observed. The barrier function of the enamel and dentine is compromised and bacteria can easily reach the pulp.

Infection can sometimes spread rapidly to the facial tissue causing CELLULITIS, a swelling of the face with an alteration in the overall condition, but without any obvious clinical dental signs.

Once the pulp is infected, an ABSCESS (collection of pus) or a FISTULA (hollow tunnel that allows pus to escape) may develop.

**In case of an ABSCESS or FISTULA, you should URGENTLY see a dentist.**

**In case of CELLULITIS, you should see your dentist IMMEDIATELY, or go to the nearest emergency unit, to start antibiotics.**