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Occlusal treatment with bite splint improves dyskinesia in Parkinson's disease patient: a case report.

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Abstract

The patient was a 46-year-old woman requesting oral hygiene control. She had been treated for Parkinson's disease at the neurology department of another university hospital for 9 years. When the drugs were effective (drug efficacy), she could get out of bed and change clothes without assistance, albeit slowly. When the drugs were ineffective (no drug efficacy), however, she found it difficult to get out of bed, change clothes, or maintain posture during defecation without assistance. Occlusion was B-1 on the Eichner index, and neither dislocation of the temporomandibular joint nor mandibular tremor was observed. At her first visit, a medical history was taken and periodontal therapy commenced. Informed consent for bite splint therapy was obtained after examination of movement disorder. A bite splint was made for her, and any change in the grade of motor disorder using the bite splint evaluated. In addition, her grip strength was measured when wearing and not wearing the bite splint during periods of drug efficacy and no drug efficacy. The patient could get out of bed, change clothes, and maintain posture during defecation without assistance when wearing the bite splint, even during no drug efficacy. Grip strength in her left hand during drug efficacy and in both hands during no drug efficacy was greater when wearing the bite splint than without the bite splint. When this patient with Parkinson's disease wore a bite splint, her athletic ability and grip strength increased.

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