

INVESTIGATION PERIODONTAL EDS

NAME:

GENDER:

DATE OF BIRTH:

DATE:

1. CLINICAL ORAL INVESTIGATION

- | | | | |
|--|------------------------------|-----------------------------|------------------------------------|
| Reduced/absent keratinization of gingiva | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| Gingival recessions | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| Gum thinning (vessels clearly visible in the lower jaw)? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| Vessels visible on the roof of the mouth? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| Dental implants; regio _____ | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| Periimplantitis | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| How many teeth were lost because of periodontitis | number of teeth _____ | | |
| Dental X-ray available | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| Periodontal chart available | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| Intraoral photographs available: | | | |
| front | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| Lateral (both sides) | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| palate | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |

2. JOINT FEATURES:

- | | | | |
|-----------------------------------|------------------------------|-----------------------------|------------------------------------|
| Hypermobility of joints? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| - fingers left hand > 90° | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| - fingers right hand > 90° | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| - thumb left hand to the forearm | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| - thumb right hand to the forearm | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| - elbow left | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| - elbow right | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| - left knee strong deflexion | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| - right knee strong deflexion | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| - hands to the bottom | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |

→ PHOTOGRAPHS

3. SKIN FEATURES:

- | | | | |
|--|------------------------------|-----------------------------|------------------------------------|
| Easy bruising | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| Elastic skin | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| Velvet skin | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| Abnormal scarring | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| Brown discoloration on the shins (pretibial) | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |
| Prominent vasculature | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not clear |

→ PHOTOGRAPHS

4. LIST OF PHOTOGRAPHS

Full stature	<input type="checkbox"/> yes	<input type="checkbox"/> no
Face frontal and both sides (with ears)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Intraoral photos (teeth, gums, palate)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Hands and feet (acgrogeria?)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Joint hypermobility	<input type="checkbox"/> yes	<input type="checkbox"/> no
Shins (pretibial alterations, also if absent)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Skin abnormalities: scars, elastic skin, prominent vasculature etc.	<input type="checkbox"/> yes	<input type="checkbox"/> no

5. LABORATORY ANALYSIS

Collagen studies YES NO

If yes, Please provide details:

Skin biopsy? YES NO

If yes, which investigations were carried out (e.g. electron microscopy)?

Please provide details:

Molecular studies (Mutation analyses)? YES NO

If yes, which genes, which result? Please provide details:

Any other relevant laboratory findings? YES NO

If yes, which?