

Author's reply;

Hypophosphatemic Rickets and its Dental Significance**Vahid Ziaee*^{1,2}, MD; Ali Rabbani^{1,2}, MD**

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Although the premature tooth exfoliation (PTE) can be associated with some systemic diseases such as changes in immune system or connective tissue disorders, we didn't find any report on this disorder and hypophosphatemic rickets. In bone metabolic disorders, there are a few reports on hypophosphatasia and PTE^[1-3]. Although, some factors such as severe oral infection can predispose PTE in HR patients, we recommend a study on prevalence of PTE and its related factors in HR patients in future.

The inflammation of the gingiva was evaluated by Gingival Index of Loe and Silness index^[4]. It was missed to mention in our article. As we mentioned, dental examination was performed by the same dentist in all patients^[5].

We agree with Ramezani about the prevalence of taurodontism as a common dental problem with wide range of prevalence in normal population (up to 8%^[6]), but as we reported in our paper the prevalence of this disorder was 15% that is very more common than in normal population^[5]. It was reported in 0.3% of normal children^[7].

Finally, for diagnosis of taurodontism, as mentioned in our report, orthopantomogram was performed in all taurodontism suspicious patients^[5].

Key words: Hypophosphatemic Rickets; Taurodontism; Dental Problems

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Sandifer's Syndrome: a Misdiagnosed and Mysterious Disorder**Burcin Nalbantoglu¹, MD; Donma M. Metin¹, MD; Ayşin Nalbantoglu², MD**

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Sandifer's Syndrome (SS) is a rare pediatric manifestation of gastro-esophageal reflux (GER) disease characterized by abnormal and dystonic movements of the head, neck, eyes and trunk. Although Sandifer initially observed the association, Kinsbourne and Oxon first reported it based on the observations of Sandifer^[1]. The syndrome is most certainly underrecognized, and delays in diagnosis are due to atypical presentations or cases in which the diagnosis is not part of the differential^[2,3].

9 month old boy was referred with a 2 months history of vomiting. 15 days ago before admitting to our hospital, he started to make bizarre head and neck movements as told by his parents. The parents provided careful video recording of these movements. The most striking feature pronounced neck dystonia with repeated rotation of the neck and tilting of the head towards the left shoulder. These movements were observed during or just after the feeding. Sometimes upward deviation of the eyes and head nodding accompanied these movements. All of these movements stopped when he was asleep. The milestones of motor and

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