Dr.Omar Faredh Fawzi

Lecture 1

Introduction of the Oral Medicine.

College of Dentistry. Al Farahidi University

Oral medicine is a dental specialty that bridges the traditional areas of health between dentistry and medicine. International descriptions reflect this and oral medicine is defined as "the dental speciality placed at the interface between medicine and dentistry and is concerned with the diagnosis and management of (non-dental) pathology affecting the oral and maxillofacial region.

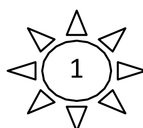
"Oral medicine specialists provide clinical care to patients with a wide variety of orofacial conditions, including oral mucosal diseases, orofacial pain syndromes, salivary gland disorders, and oral manifestations of systemic diseases. There is a growing need to implement this specialty globally: due to the rapid progress in both medicine and dentistry, and to the growing percentage of senior citizens in many countries, the adequate diagnosis and treatment of oral diseases will become even more complex in the future.

Oral medicine is concerned with clinical diagnosis and non-surgical management of non-dental pathologies affecting the orofacial region (the mouth and the lower face).

Many systemic diseases have signs or symptoms that manifest in the orofacial region. Pathologically, the mouth may be afflicted by many cutaneous and gastrointestinal conditions. There is also the unique situation of hard tissues penetrating the epithelial continuity (hair and nails are intra-epithelial tissues).

Example conditions that oral medicine is concerned with are.

lichen planus, Behçet's disease and pemphigus vulgaris. Moreover, it involves the diagnosis and follow-up of pre-malignant lesions of the oral cavity, such as leukoplakias or erythroplakias and of chronic and acute pain conditions

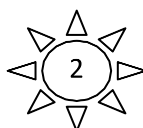


such as paroxysmal neuralgias, continuous neuralgias, myofascial pain, atypical facial pain, and migraines.

Another aspect of the field is managing the dental and oral condition of medically compromised patients such as cancer patients suffering from related oral mucositis, bisphosphonate-related osteonecrosis of the jaws or oral pathology related to radiation therapy. Additionally, it is involved in the diagnosis and management of dry mouth conditions (such as Sjögren's syndrome) and non-dental chronic orofacial pain, such as burning mouth syndrome, trigeminal neuralgia and temporomandibular joint disorder ,So in order to get an accurate diagnosis of the patient we have to take adequate history from the patient by the followings sequins Introduce yourself, identify your patient and gain consent to speak with them. at first we start with the age of the patient.

The age of the patient is important in the following major problem including chronic and recurrent condition from the earlier adult stages like:

- Degeneration bone and joint disease that affected the TMJ
- Chronic brain syndrome
- Malnutrition, mental disorder,
- Drugs. This because the old patients have a related changes in the pharmacodynamic and pharmacokinetic of the drugs also the drug to drug reaction, drug –food reaction all of these will alter the absorption, distribution, metabolism, exertion. Other changes include:
- Bone and cortical trabecular bone decreased as a result it will be more potential for osteoporotic fractures
- Muscle. the number of the muscle fiber decreased atrophy as a result the flexion of the joint decreased which lead to slowly muscle regeneration
- increased auto immune diseases.



Changes in the Joints include

1.Cartilage erosion

2.Calcium deposit increased

3.Water in cartilage decreased

4.Osteoarthritis increased

Other changes

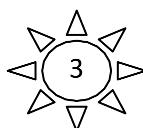
- dentin decreased
- gingival retraction
- bone density lost
- the papilla of the tongue decreased which lead to taste change
- taste threshold for salt and sugar increased
- salivary secretion decrease
- potential loss of the teeth

While other changes on the mucosal surface

- increase in the potential infection on the mucosal surface
- malignancy incidence
- response to acute infection reduced.
- potential recurrence of latent herpes zoster

also the immune system changes

- secretary immunoglobulin IgA decline
- thymus gland involved
- thymopoietin decreased
- lymphoid tissue decreased
- antibody production impaired
- T. lymphocyte decreased
- autoantibody increased



2.SEX.

- Malignant melanoma the incidence is increasing in male
- Mucous membrane pemphigoid, cicatricial pemphigoid more in female
- Epulis and pregnancy epulis occur in female because of the circulating estrogen is the highest
- S.C.C more in males
- mucocele more in female

3.Presenting complaint (PC)

4.History of presenting complaint (HPC)

The dentist should gain as much information about the specific complaint .**S**ite:

Where exactly is the pain?

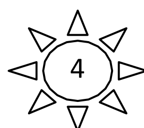
- **O**nset: When did it start, was it constant/intermittent, gradual/ sudden?
- **C**haracter: What is the pain like e.g. sharp, burning, tight?
- **R**adiation: Does it radiate/move anywhere?
- **A**ssociations: Is there anything else associated with the pain e.g. sweating, vomiting
- **T**ime course: Does it follow any time pattern, how long did it last?
- **E**xacerbating/relieving factors: Does anything make it better or worse?
- **S**everity: How severe is the pain, consider using the 1-10 scale?

5. Past medical history (PMH)

Gather information about a patients with other medical problems

6.Drug history (DH)

Find out what medications the patient is taking, including dosage and how often they are taking them e.g. once-a-day, twice-a-day,… etc.At this point it is important idea to find out if the patient has any allergies.



7 .Family history (FH)

A family health history (also referred to as a family medical history, a family history, or medical family tree) is a compilation of relevant information about medical conditions affecting a patient and his/her close family members. It represents an essential component of a patient's medical history, typically obtained at the time of admission to a health care facility as one component of a comprehensive patient assessment. Two features that distinguishes a family health history from a patient's medical history are that a family history extends beyond enumeration of the patient's major health problems to identify those experienced by each member of that patient's immediate family and its indication of about the patients family history, e.g diabetes or cardiac history. Find out if there are any genetic conditions within the family e.g. Polycystic kidney disease, hematological diseases LIKE HAEMOPHILIA a family history should go back at least 3 generation the nature of the relationships among family members

autosomal recessive like sickle cell anemia, alpha thalassemia

autosomal dominant .neurofibromatosis ,myotonic dystrophy ,Huntington's disease

8 .Social history (SH)

This is the opportunity to find out a bit more about the patient's background. Remember to ask about smoking and alcohol. Depending Also find out who lives with the patient.

Smoking. There are lesions related to the smoking like leukoplakia nicotinic stomatitis

Alcohol history the elevated of MCV mean corpuscular volume in the absence of vitamin B 12 or folate deficiency or unexplained abnormal liver function test

9.Review of systems (ROS)

Gather a short amount of information regarding the other systems in the body that are not covered in your HPC.

These are the main systems you should cover:

- CVS
- Respiratory
- GIT
- Neurology
- Genitourinary/renal system
- Musculoskeletal
- Psychiatry

THE ART OF HISTORY TAKING

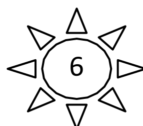
The basis of a true history is good communication between dentist and patient. The patient may not be looking for a diagnosis when giving their history and the doctor's search for one under such circumstances is likely to be fruitless.

The patient's problem, whether it has a medical diagnosis attached or not, needs to be identified.

It is important for dentist to acquire good consultation skills which go beyond prescriptive history taking learned as part of the comprehensive and systematic. A good history is one which reveals the patient's ideas, concerns and expectations as well as any accompanying diagnosis.

Often the history alone does reveal a diagnosis. Sometimes it is all that is required to make the diagnosis. A good example is with the complaint of headache where the diagnosis can be made from the description of the headache and perhaps some further questions. For example, in cluster headache the history is very characteristic and reveals the diagnosis without the need for examination or investigations.

To obtain a true, representative account of what is troubling a patient and



how it has evolved over time, is not an easy task. It takes practice, patience, understanding and concentration. The history is a sharing of experience between patient and dentist. A consultation can allow a patient to unburden himself or herself. They may be upset about their condition or with the frustrations of life and it is important to allow patients to give vent to these feelings.

Consultation skills

The skills required to obtain the patient's true story can be learned and go beyond knowing what questions to ask. Indeed 'questions' may need to be avoided, as they limit the patient to 'answers'.. There are many examples of aspects of consulting which may assist history taking for dentist working with patients in all specialties.

Complete the history by reviewing what the patient has told you. Repeat back the important points so that the patient can correct you if there are any misunderstandings or errors.

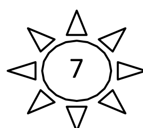
NOTE

During or after taking their history, the patient may have questions that they want to ask you. It is very important that you don't give them any false information. As such, unless you are absolutely sure of the answer it is best to say that you will ask your seniors about this or that you will go away and get them more information (e.g. leaflets) about what they are asking. These questions aren't necessarily there to test your knowledge, just that you won't try and 'blag it'.

What types of questions the dentist should ask the patient

1. Open questions

These are seen as the gold standard of historical inquiry. They do not suggest a 'right' answer to the patient and give them a chance to express what is on their mind. Examples include questions such as 'How are you?'. There are



other similar open questions but it may be effective just to let the patient start speaking sometimes.

Open questions can be used to obtain specific information about a particular symptom as well. For example: 'Tell me about your pain' or 'How are your water works bothering you?'. Open questions cannot always be used, as sometimes you will need to delve deeper and obtain discriminating features about which the patient would not be aware.

2. Questions with options

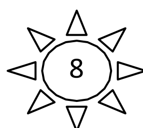
Sometimes it is necessary to 'pin down' exactly what a patient means by a particular statement. In this case, if the information you are after cannot be obtained through open questioning then give the patient some options to indicate what information you need.

Technique must be used with care as there is a danger of getting the answer you wanted rather than what the patient meant Try to avoid using specific medical terms such as.

Burning type of pain If you can use an open question such as: what was the pain is similar to?', rather than suggesting options, it is more likely to give you a true picture of what the patient has experienced; however, sometimes questions suggesting possible answers cannot be avoided. Therefore never describe the type of the pain to the patient who is complain from neurological type of pain by describe the electrical stimulation on the trigger area

3.Leading questions

These are best avoided if at all possible. They tend to lead the patient down an avenue that is framed by your own assumptions. For instance, a male patient presents with episodic ulceration pain. The dentist must know if he is a smoker so you start asking questions that would help you to decide if it's



aphthous. It is much better to ask an open question such as: 'Have you noticed anything that makes your pain worse?'.
Have u any skin lesion, pain at the joint ,dry mouth ….etc

Summarizing

After taking the history, it's useful to give the patient a run-down of what they've told you as the dentist understand it. For example: 'So, from what I understand you've been losing weight, feeling sick, had trouble swallowing – with ulceration of the tongue and the whole thing's been getting you down.