

Knowledge of dental pathology in everyday medical diagnosis

by *Dr. V. Cugadasan*

F.D.S.R.C.S. (Eng),
Lecturer, Oral Surgery,
University Malaya.

SINCE a large majority of patients with oral pathology appear inclined for a variety of reasons to seek the advice of a medical practitioner rather than a dental surgeon it is felt that some knowledge of dental/oral pathology will be of help in the diagnosis and management of their patients by the medical colleagues. The purpose of this article is to describe some selected groups of patients who may be seen by specialists from many disciplines or by general practitioners in dentistry and medicine and to emphasise the need for greater communication between the doctor and the dental surgeon in the important role of patient management.

Facial Pain

The commonest cause of facial pain is dental disease. It is therefore essential that we rule out the presence of a dental cause by detailed examination and investigation before arriving at a diagnosis of other less common causes of facial pain. Clinical examination should include a thorough inspection of all teeth and supporting structures with the help of special instruments. Special investigations like tests for vitality and radiographic examination will provide us with valuable information. A dental radiograph especially the bite wing film will help to detect cavities and dental caries in inter proximal surfaces which may be the source of facial pain. Some patients with severe and paroxysmal pain precipitated by movement of jaw or on eating food have been diagnosed as cases of trigeminal neuralgia and these patients appear to have healthy teeth on clinical examination. Special procedures like radiographs reveal the presence of pathology and when the offending tooth is extracted the associated pain

no longer exists. Referred pain especially the pain arising from the maxillary and mandibular third molar teeth can be referred to regions like ear, neck and temporal areas. Very often, patients with impacted molar teeth complain of vague and sometimes referred pain which can give the clinician difficulties in arriving at a diagnosis. Pain arising from posterior maxillary teeth tend to mimic pain of sinusitis and hence the necessity for special tests to arrive at the correct diagnosis. Patients suffering from maxillary sinusitis often complain of pain in relation to good teeth and in the absence of a correct diagnosis, possibility of unnecessary extraction of sound teeth cannot be ruled out.

Temporo Mandibular Joint Disorders

Patients with temporo mandibular disorders attend clinics held by specialists of many disciplines such as Orthopaedic, Ear, Nose and Throat, General and Dental Surgeons. Very often these patients complain of one or more of the following - Pain, difficult jaw movement and clicking or crepitus of the joint. Although the exact aetiology of this condition is not fully understood there appears to be two main features, a predisposing dental together with a precipitating factor. Dental factors include irregularities of bite or malocclusion, over closure of the mandible, and altered chewing, clenching, tooth grinding habits. Temporo mandibular dysfunction syndrome is a definite entity and is a common cause of oro facial pain. The patients are very often young females. Pain may radiate to temporal auricular and neck regions. There may be accompanying trismus or clicking. Dental disorders were thought to play a major role in this

condition but now studies show that there is a possibility of a psychogenic factor responsible or associated with it. Although correction of dental disorders may not lead to disappearance of symptoms, it is suggested that these patients should receive essential dental care and reassurance. A bite guard constructed of acrylic is found to be of help in some patients. This appliance helps to correct the mandibular over closure and eliminate occlusal interference.

Oral Mucosa in Disease

Inflammation of gingival tissue is apparent clinically in about eighty to ninety per cent of the people. Local accumulation of infected matter is mainly responsible for this condition and the patients usually present with complaints of bleeding from gum and tenderness on brushing. Halitosis and bad taste appear in advanced cases. Simple measures like removal of bacterial plaque and attention to oral hygiene usually result in considerable improvement. Uncommonly, gingival or oral mucosal change can be a manifestation of more serious systemic disease and hence the necessity for a thorough medical examination. Changes in oral mucosa are seen in conditions where there is low serum iron level. Changes include atrophy and the tongue appear to be devoid of papillae. Associated with this state there may be other effects like angular cheilitis commonly seen in very poor patients in developing countries.

Vitamin B12 and folic acid deficiency may give rise to oral symptoms particularly in elderly patients. It is known that states like pregnancy have a strong effect on the course of gingivitis and hence the necessity for routine or even extra dental care during this period. Vitamin C deficiency can be responsible for the condition scurvy characterised by the appearance of swollen and spongy gums with tendency to bleed easily. In Leukaemia and Agranulocytosis hyperplasia of gum is very common. Ulceration and secondary infection can complicate this condition. Uncontrolled Diabetes patients often present with gingivitis and advanced periodontitis and their condition is seen to improve when the level of blood sugar is corrected.

Conclusion

In developing countries like Malaysia it is very common to find patients with symptoms like bleeding gum or facial pain reporting in health centres manned by specialists of varying disciplines or general practitioners in medicine or dentistry. Since dental disease is very common, I feel we are correct to infer that symptoms like bleeding gum or facial pain are very often a result of local factors and should respond to local therapy. Uncommonly, these signs and symptoms can be a manifestation of systemic disease and hence the importance of greater communication between the doctor and the dental surgeon.